

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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Original.

ABSCESS OF THE LIVER.*

BY J. W. IRWIN, M. D.

In presenting a report of the few cases of abscess of the liver which came under my observation, in private practice, during a period of twelve years, my chief aim shall be to relate in a concise form a history of each case together with its physical signs, the surgical means, if any, which were employed for its removal, and its termination.

CASE I. Mrs. A. M., aged twenty-seven years, of American birth, applied to me for treatment on the 2d day of June, 1873. She was complaining of a harassing dry cough and pain in the right side. During the last few months previous, she had been having fever and night sweats, and her sleep had been disturbed by unpleasant dreams. The cough was always most severe after going to bed, when she would have paroxysms lasting for an hour or longer. She gave her history as having had several attacks of bilious fever, which always left her with a feeling of soreness in the epigastrium. An examination of the abdomen revealed an enlargement over the region of the liver, which was most marked over the left lobe, extending down toward the umbilicus. There was some tenderness under pressure in the region of the liver, and the outline of the tumor could be detected smooth and regular in form. Abscess of the liver was suspected, and this diagnosis was verified by means of the exploring needle. An operation was proposed for the removal of the pus, but, the patient refusing to submit to it, nature was allowed full sway. The cough increased in frequency and severity, and the fever and night sweats continued

until she had become very much emaciated. One morning, during an attack of coughing, the abscess burst into the lung, when upward of a pint of pus, of a reddish-brown color, escaped through the mouth. This discharge was followed by considerable relief of pain, cough, and fever, but the improvement was not permanent. Two weeks later another discharge of pus took place, in the same way, which exceeded the former one in quantity. More relief soon followed this discharge, and the enlargement of the liver was now much reduced. From this time on pus continued to be expectorated, at times quite freely, and in two months her health was sufficiently improved to enable her to go on a visit, to relatives, to New Albany, Indiana, where she has ever since resided. When I last heard from her, now nearly one year ago, she was still alive and well.

CASE II. Mrs. G. D., aged forty-seven years, of German nativity, was visited in consultation with her attending physician, on the 13th day of April, 1874. Found two openings over the region of the liver, between the seventh and eighth ribs, just outside of their angles, which were discharging pus. Six months previous she had had a tumor in the region of the liver, which was pronounced by her physician an abscess. Refusing to submit to an operation, the abscess opened spontaneously soon afterward, and was still discharging pus. The openings being only about one inch apart, the space between was divided by the knife, and a drainage tube was then inserted, which permitted free escape for the pus. Three months later the wound had entirely healed, and the side had regained its normal appearance. I last saw the patient in 1882, and there had been no return of the liver trouble.

CASE III. J. B., aged thirty-eight years, a Frenchman by nativity, came under my observation on the 5th day of September, 1876. He had been having pain in the right side,

*Read at a meeting of the Louisville Medico-Chirurgical Society, June 12, 1885.

hectic fever and a dry hacking cough; and he had been losing flesh steadily for nearly two years previously. The pain at times was so severe that it prevented him from sleeping, and he had to take anodynes for relief. On an examination the abdomen was found to be very much enlarged; the tumefaction was most marked on the right side over the region of the liver. Through the walls of the abdomen could be felt an elastic tumor extending down to the umbilicus. The abdomen was so much swollen that it interfered with his breathing, and it was decided to aspirate immediately. Fifty-six ounces of pus were removed by the aspirator, and, notwithstanding the fact that the largest size of needle was made use of, the removal of the pus was found to be very hard to accomplish, it being of tenacious consistence, containing particles of broken down liver tissue. The pus was of a dark drab-color, mixed with blood, and it had a very offensive odor. The patient stood the operation better than was at first anticipated, and he expressed himself as being very much relieved thereby. For two or three days the amelioration continued, but the tumor began again to enlarge. On the fifth day from the date of the first operation, the aspirator was reinserted and fully one pint of pus was drawn off. Very little relief followed this operation, and he died from exhaustion two days later. An autopsy was made, thirty-six hours after death, when the capsule of Glisson was found to be very much distended and thickened, forming a large sac which still contained upward of a quart of pus. The liver was reduced in size fully one half, furrowed on its surface and had several small abscesses in its substance.

CASE IV. W. D., aged twenty-seven years, by occupation a coal miner, had been confined to his home for several weeks with a pain at the epigastrium, which also extended into the right side and right shoulder. He had been having attacks of fever which were followed by profuse sweating. On an examination of the abdomen the liver was found to be enlarged, and some tenderness under pressure was complained of. The disease was thought to be "abscess of the liver," and hot flaxseed poultices were applied. These applications were kept up for two weeks, when most of the soreness had disappeared. The abscess was now pointing between the seventh and eighth ribs, and here pus was discovered by the exploring needle, but the patient would not allow an

operation to be made. The poultices were then continued for a couple of weeks longer, when the swelling had disappeared. Under the use of iron and quinine the fever and sweating ceased, and the patient felt well enough to resume his former occupation. This case was seen for the first time on the 5th day of June, 1877, and for two years afterward there had been no return of the abscess.

CASE V. W. I., aged thirty-three years, of German birth, had been suffering nearly eight months previous to my visit, which was on the 10th day of July, 1878, with pain and some swelling in the right side. The disease was thought to be pleurisy, and a blister was applied. The relief which followed the application of the blister was only very temporary, and, fearing that the liver might be the seat of an abscess, the exploring needle was employed, and pus was discovered. An incision was then made in the most pendent portion of the tumor, which was just below the cartilaginous margin of the ribs on the outer side of the gall bladder. When the sac containing the pus was reached, its contents were removed by means of a trocar and canula and a drainage-tube was then employed. Upward of one pint of pus came away at the first opening, and afterward the pus continued to flow for three or four months. After the abscess was opened the pain was no longer complained of. The wound gradually healed up and there has been no return of the liver trouble since. The patient has had good health, and, with the exception of a couple of attacks of bilious fever, he has not complained of any illness. His work is quite laborious, being a blacksmith, which avocation he still continues to follow.

CASE VI. J. R., aged thirty-six years, a native of Germany, a bar-keeper by occupation, was seen on consultation on the 25th of July, 1878. He was confined to the bed, had fever and was complaining of pain at the epigastrium. He was considerably emaciated, having been sick for four or five weeks previously. He gave the history of having been a moderate drinker for several years before, but was not in the habit of getting on sprees. On examining the abdomen the liver was found to be enlarged, which enlargement extended into the epigastrium. There was much tenderness under pressure in the epigastric region, and a fluctuating tumor could be felt on the inner side of the gall-bladder. The presence of pus was suspected, and the aspirator was the in-

strument employed for its removal. A tea-cupful and one half of bloody serum was now drawn off, with the effect of reducing the size of the tumor, and, on the following day, the aspirator was reinserted and a couple of ounces of pus removed through the same opening. The patient did not experience any relief from this procedure, and he died on the tenth day following the operation, after suffering much pain. An autopsy was made with the following result: The left lobe of the liver was found to be the seat of the abscess; the capsule of Glisson softened, covered with lymph, and easy of removal. One half pint of pus was found beneath the capsule.

CASE VII. J. D., aged twenty-eight years, of American birth, a street-car driver, had been ailing for some weeks previous to my visit, which was on the 13th day of September, 1879. I found him in bed, complaining of headache and pain in the right side. On an examination I found some swelling and tenderness over the region of the liver, and the intercostal spaces were bulging. The case was diagnosed "abscess of the liver" and poultices were applied. These applications were continued for a couple of weeks, when the soreness had disappeared, and the abscess was pointing between the seventh and eighth ribs. Here a direct incision was made down to the sac of the abscess, and this was tapped with a trocar and canula of large size, and four or five ounces of grayish pus escaped. A drainage tube was then inserted and the discharge of pus continued for a couple of months, when it was followed for several days by a small quantity of bloody serum. The wound slowly healed and the patient's health improved sufficiently to enable him to resume his former occupation. For upward of one year afterward there had been no return of the abscess. I then lost sight of the patient and have not heard from him since.

CASE VIII. S. M., aged eighteen years, of American birth, came to my office on May 5, 1880, complaining of pain in the side and difficulty in breathing. I found his abdomen much swollen and tender under pressure. The abdominal muscles being very thin, a distinct tumor could be felt, filling up the hepatic region and the epigastrium, and extending downwardly to below the umbilicus. The superficial veins of the abdomen were very much enlarged. A puncture was made with the exploring needle in the most pendent portion of the tu-

mor, and pus was discovered. An operation was proposed, but the patient being young had to consult his parents before permission could be obtained, and this was refused. He then returned to his home, in a neighboring village, and a short time afterward died. I did not learn of an autopsy having been made.

CASE IX. Mr. J. F., thirty-eight years of age, of German birth, was seen in consultation on the 2d day of July, 1883. For several years previous he had been exposed to sudden changes of atmosphere, having been employed as a laborer in a brewery. Eight months previous to my visit he was taken with pain in the right side and dysentery. The side became swollen, and poultices were applied, which were continued for five or six weeks. The intercostal spaces were then bulging, and it was thought an abscess had formed. This view was soon confirmed by the abscess bursting spontaneously between the seventh and eighth ribs on the outer side of their angles. Pus had been discharging for five months from three openings, and it had a very offensive odor. Adhesions had formed completely between the covering of the liver and the chest wall. The patient being very much emaciated could not leave his bed. He had also constant fever and profuse night sweats. The abscess was washed out every third day, with a twenty-five-per-cent solution of the tincture of iodine, and for a time there seemed to be some improvement. Finally a slough took place which involved the adhesions that prevented the pus from escaping into the abdominal cavity, and peritonitis supervened, which resulted in his death on the fourth day after the occurrence of the accident. Permission to make an autopsy could not be obtained.

CASE X. M. P., aged forty-six years, of American birth, by occupation a grocery-keeper, was taken sick on January 4, 1884, at which time he had a well-marked attack of acute inflammation of the liver. Active treatment was instituted without any apparent effect, and the inflammation went on to suppuration. The swelling was most prominent over the region of the stomach, and here the exploring needle revealed pus. Further operative procedure would not be permitted, and hot fomentations were applied. These applications were continued for about four weeks, when the patient died from exhaustion. An autopsy was not made.

Before closing this report, I wish to express my belief that the aspirator is not the best means to be employed for the evacuation of abscesses of the liver generally. I believe its use should be wholly confined to the evacuation of small abscesses, consisting of a single cyst, where the diagnosis could be clearly made out.* Otherwise the aspirator should not be employed for any other than exploring purposes. I am not prepared to receive the recently advanced opinion, that "the local application of a blister will procure adhesive inflammation between the walls of the abdomen and the peritoneum." I would not wait in the faint hope for adhesive inflammation to take place, before resorting to operative measures, lest they should be instituted too late to be attended by good results. As soon as pus can be discovered by the exploring needle a direct incision should be made down to the sac of the abscess, then its contents should be evacuated by a trocar and canula of large size. Finally a drainage-tube should be inserted and allowed to remain in position as long as the suppuration continued. In all cases of hepatic abscess the mortality is very large. We find the cases operated on do very little better than those trusted to the effort of nature, the percentage of deaths in either case being seventy to eighty.

In the Indies, where this disease is thought to occur at times almost endemically, the mortality is said to be as low as fifteen per cent of those attacked. However, the Indian statistics are of doubtful utility, since every inflammatory condition of the liver is classed as an abscess. The statistics of cases upon whom operations have been made are far from complete and can not be relied upon. It may be that spontaneous cures, if recorded, would outnumber those after operative procedures.

Summary. Five of the cases recovered and five died. Of the five cases that recovered, in one the abscess burst into the lung; in one the abscess opened spontaneously externally; in two the abscess was opened by incision and a trocar and canula; in one the abscess did not open, it was probably absorbed. Of the cases that died, in two there was not any kind of operation made; in two the aspirator was made use of; in one the abscess opened spontaneously externally. In this case the sac of the abscess was washed out every third day with a twenty-five-per-cent solution of the tincture of iodine.

LOUISVILLE, KY.

REPORT OF A CASE OF LAPAROTOMY.*

ASEPTIC ABSORPTIVE FEVER.

BY ARCH. DIXON, M. D.

The subject of the following report, Ella Hall, aged thirty-eight years, was first seen by me in March, 1882, at which time she was suffering from an acute sciatica. Upon examination an enlargement about the size of an orange was found in the left iliac fossa, deep down, with the uterus lying above and over it. The enlargement was diagnosed as a subperitoneal fibroid, and the patient told that the sciatica was in all probability produced by the tumor. Six months later I again saw the patient, and the growth of the tumor had been considerable, it being about one fourth larger than before. An operation was suggested but was not consented to. The woman was seen at intervals, the tumor continuing to grow, notwithstanding injections of ergotine into the body of it, until finally almost the entire abdominal cavity was occupied, it extending from the left iliac fossa across to the right, and as high up as above the umbilicus; in the meantime the patient had suffered intensely, and was now almost helpless. An operation was consented to, and on the 23d of May last the tumor was removed. The technique employed throughout the operation was that of Prof. Carl Shroeder.

The patient was placed on a narrow table covered by antiseptic oil-cloth, the abdomen and pubes were shaved in order to remove all lanugo and dermal hair, as well as dead epithelium, and then thoroughly scrubbed and flooded with a three-per-cent solution of carbolic acid. She was then deeply anesthetized, Dr. Pinckney Thompson administering the chloroform, and an incision made from umbilicus to to pubes, along the median line, through the integument and subcutaneous connective tissue down to the aponeurosis of the abdominal muscles. The linea alba was then sought for by clearing away the excess of fatty tissue with scissors; just here was encountered one of the most difficult phases of the operation. The patient being a multipara the linea alba was scarcely demonstrable, and was with difficulty found. All subcutaneous blood-vessels had been taken up by the assistant, Dr. A. R. Jenkins, with Langenbeck's forceps and torsioned. All parenchymatous hemorrhage was stopped by iced carbolized irrigation from Esmarch's

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irrigator. The linea alba was then carefully punctured and opened on a groove-director. The subperitoneal fat was thus exposed and cut through, and the parietal peritoneum brought into view. This was carefully picked up by my assistant, Dr. Jenkins, with two forceps, and cautiously opened between them. The peritoneum was then cut through, the precaution being taken to hold it between myself and the light to avoid accidental wounding of the bladder. When the abdominal walls collapsed there escaped from the cavity one or two ounces of non-flocculent, brick-dust colored serum, of which the peritoneal cavity was full, and which, I take it, was a non-inflammatory recent exudate.

The omentum was now folded up in the cavity, and an aseptic napkin placed over the intestines—that is, between them and the abdominal walls—the tumor was rotated and drawn out after enlarging the abdominal opening about an inch above the umbilicus, and the napkin covering the intestines was drawn down under it into Douglas's fossa, thus the tumor, uterus, and abdominal parietes lay over and above the napkin, the intestines beneath it and the omentum folded up above it. A slight adhesion was broken down in the left iliac fossa before the tumor was drawn out. At this stage of the operation vomiting set in, but no intestines escaped, the napkin effectually holding them in. A soft rubber tube was then thrown around the broad ligaments and uterus and drawn tight—after Esmarch's method. The pedicle was found to be about an inch and a half in diameter, and about an inch in length, extending out from the fundus uteri. A blunt-pointed, double-eyed needle, armed with four-doubled carbolyzed silk, No. 14, was passed through the pedicle close to the fundus and carefully carried around on either side and tightly tied, thus circumligating it with two ligatures. The pedicle was now amputated, and each patulous lumen of blood-vessel which showed in the stump was separately ligated—of which there were three—the ligatures were cut short and the pedicle, well dusted with iodoform, was dropped back into the cavity, the tourniquet having been removed. The toilet of the peritoneal cavity was made by carefully sponging out all blood and fluid, especial attention being given to Douglas's fossa, which, after being cleaned, was dusted with iodoform as was the torn adhesion in the iliac fossa. The sutures were then laid and the omentum replaced, the margins of

the abdominal incision being brought into apposition with great care and tied throughout. Volkmann's antiseptic gauze was laid crumpled up against the wound. Over this absorbent cotton was placed extending over the entire abdomen. Gutta-percha paper covered the cotton, and over all was placed a starch bandage.

The patient rallied well from the operation, and seemed to be but little depressed. The nausea from the chloroform disappeared at the end of the first thirty hours, when appetite returned and she was fair on to recovery. The behavior of the pulse and temperature was perhaps the most notable feature of the entire case, and it was this which induced me to make this report. For the first four days, the morning temperature was 102° , 103.5° , 103.5° , 102° . Evening temperature, 102.5° , 103.5° , 103° , 103.5° . The pulse ranging from 80 to 90—full and strong. On the morning of the fifth day the bandage was removed, and was found to be only slightly stained with bloody serum; the wound looked healthy and had closed by first intention. Abdomen soft and painless on pressure—parametrium and Douglas's sac in good condition. The dressing was renewed without an auxiliary binder, after which the pulse and temperature continued but slightly if any above the normal until the tenth day, when the temperature was found to be 104.5° , pulse 115, and weak; the patient's entire appearance was a sad contrast to that of the day before. The dressing was removed and a small quantity of pus issued from several suture wounds—diagnosis, "pyæmia simplex." Sutures were removed and carbolyzed water, three per cent, was run through the suture holes by means of an Esmarch's irrigator, flushing out a quantity of pus and necrosed connective tissue. The irrigation was continued till the water came away clear, after which antiseptic dressings were applied. This was continued each day until recovery was complete, leaving only one small fistulous tract where a suture once had been. The temperature and pulse very promptly dropped after the first irrigation.

Discharged on the fifteenth day. I can only account for the behavior of the temperature and pulse during the first five days after the operation, upon the hypothesis of Fränkel, of an "aseptic absorptive fever after ovariectomy." Fränkel recited a number of cases of his own, in which this same inco-ordinate relation be-

tween temperature and pulse and general condition of the patient were present, which so broadly marks it from aseptic fever; and his observations prove, in his opinion, that there occurs after laparotomies wound fever of early appearance and longer duration than has been hitherto assumed, of an intensity which far exceeds the mean, and which can neither be traced to septic infection in the usual grave meaning of the word, nor to circumscribed peritonitic inflammatory processes. Two of his cases appeared in the *American Journal of Obstetrics*, April, 1885, and one briefly as follows: "A virgin, aged twenty-one. Removal of a parovarian cyst the size of a man's head, together with the right ovary, under the strictest antiseptic precautions. Course of the operation smooth. The pedicle was rubbed off with three-per-cent carbolic solution, powdered with iodoform and dropped. Iodoform applied also to abdominal walls. As early as the afternoon of the first day, temperature 101° , evening, 102° . On the afternoon of the second day temperature was 104° . Thenceforward the temperature varied to the sixth day between 102° – 103° and 103.5° , after which it sank to the normal and remained so. The general condition very good from beginning, profuse prognostically favorable sweats soon after the operation; sensorium perfectly clear, no vomiting. From the third day on sensation of hunger, normal excretions, soft and flat abdomen not sensitive to pressure. Pulse excellent in quality and quantity. Even with the highest temperature of 104° , it rose only to 82, otherwise usually ranged between 70 and 80."

Here then the height of temperature and frequency of the pulse did not run parallel. As Volkmann and Genzmer had observed, there was a marked characteristic difference between the septic and aseptic form of the wound fever. While in the former the pulse is small, hard, tense, and from the start generally very frequent, with a temperature often for a longer time disproportionately low, there is in the aseptic absorptive fever a full, slow pulse, with a relatively high bodily heat. It is just this incongruence between pulse and temperature, together with the absence of all the symptoms of intoxication otherwise associated with even minimal septic processes, which caused Fränkel to make a favorable prognosis from the beginning, and to call the fever at once aseptic. He states in addition that despite careful examination the parametria

and Douglas's fossa were found free from exudation, nor could any complicating disease be demonstrated. At the first change of the dressing on the ninth day the wound, after the removal of the sutures, was shown to have closed by first intention. On the fifteenth day the patient left the institution.

The second case was a multipara, aged thirty-eight, from whom a very large cystic adenoma of the left ovary, with possibly commencing carcinomatous degeneration of the tumor, was removed. Owing to the size of the tumor, which could not be diminished by puncture, the abdominal incision had to be made rather long. Besides an adhesion, the size of the thumb, of the posterior surface of the tumor to the omentum, was doubly ligated and divided. This surface, as well as that of the severed pedicle, was dusted with iodoform and dropped. As early as four hours after the operation the temperature rose to 102° ; on the fourth day as high as 105° , and the fifth day to 104° . Until the middle of the ninth day it remained almost constant in the form of a subcontinued fever. Withal the general condition was as good as in the first case, perhaps better. No general or local disturbance could be demonstrated. The pulse did not rise above 84; while the temperature was 105° , its frequency was but 78, hence there was the same disproportion as in the former case. Here, too, the recovery was rapid and undisturbed. Fränkel admits that such grave aseptic absorptive fevers after laparotomies are not frequent; but he calls attention to the fact how important it is that we should know the possibility of their occurrence in order not to be deceived in the prognosis. That this case should be classed with Fränkel's cases of aseptic absorptive fevers, in my opinion, there can not be a doubt. My thanks are especially due to Dr. A. R. Jenkins, who rendered me able and intelligent assistance, and also to Drs. Pinckney Thompson, A. M. Owen, of Evansville, Ind., L. Worsham, and to Mr. John Young Brown, jr., medical student, for valuable aid.

HENDERSON, KY.

IN ganglion of a tendon, Dr. Nancrede (Polyclinic) finds the best results for subcutaneous evacuation of the gummy contents of the cyst and then free incision of the sac. The sensitiveness of the skin is first reduced by the rhigolene spray.

Miscellany.

AORTIC ANEURISM.—The London correspondent of the Medical Record gives the following interesting history of a case of aneurism operated on by Mr. Pepper at St. Mary's Hospital. The patient was a laundress, and about thirty years of age. She was admitted into the hospital early in February last, having been suffering from symptoms only a few months. There was well-marked pulsation in the anterior thoracic region, and this extended up the right side of the neck. It was thought that this might be due to a diverticulum from either the carotid or innominate artery. There was dullness on percussion, but the dullness was almost entirely on the left of the sternum. There was well-marked dysphonia. The patient was kept in bed at absolute rest, the diet restricted, and iodide of potassium given in ten-grain doses every four hours. The dose was subsequently increased to twenty grains, under the influence of which an "iodide rash" appeared. The patient was one day suddenly seized with severe cerebral symptoms, viz., pain on the left side of the head, a sensation of "fire" in the left eye, and loss of sight in that organ. These symptoms went away in a few days and vision in the left eye returned. After a three months' trial of rest, dietetic and medicinal treatment, an operation was consented to by the patient. The A. C. E. mixture was given, and the right carotid and subclavian arteries tied by Mr. Pepper, with antiseptic precautions. Pulsation in the right radial and superficial temporal arteries ceased immediately and did not return. Carbolyzed sponge was placed over the wound, then iodoform wool, and a bandage over all confining the arm to the side. The temperature did not rise above normal after the operation, and there was no suppuration. The "spray" was left off in a little over a week after the operation, and one of the ligatures came away in a fortnight. At the present date (a month after the operation) the patient is much improved, though not yet allowed to rise from bed. Pulsation is much less in the tumor and also in the neck.

THE PULPIT AND THE PRESS.—The New England Medical Monthly says that, at the recent Congress of Churches, held in Hartford, the Rev. Washington Gladden read a paper on the attitude of the secular press

of America, toward religion. During the course of his paper the gentleman said that "the newspapers are not in the interests of religion, because they are published for the purpose of making money, and that they can not exercise power for good until their utterances are directed toward some higher end than pecuniary profit," etc.

All of this is very interesting and nice, but would it not have been a fruitful theme for the reverend gentleman to have read about, and for the Congress to have discussed, if he had chosen the title of "The Attitude of the Religious Press Toward the Patent Medicine Trade and the Support of its Most Outrageous Methods of Advertising." A pertinent inquiry might have been made if this is disinterested, or is done for the filthy lucre which the learned gentleman seems to hold in such light esteem.

The most indecent advertisements appear in the most prominent positions in the leading religious papers in this country, side by side with the discussion of the most sacred topics. We would suggest that the reverend gentleman take the above title for his next paper, and read it before the next Congress, and if he is in need of data or facts we will be most happy to furnish them for him.

THE RACE OF LIFE.—The Medical Age says, a sporting paper, viewing the race of life from its distinctive stand-point, gives the following "pointers" to those who might wish to stake money on the issue of this great go-as-you-please contest against time:

If one could see a million babies start on a journey (all scratch the mark of course), and could follow them through life, this is about what he would see, nearly 150,000 of them drop out of the ranks by the end of the first year, while twelve months later the numbers would be further thinned by the deduction of 53,000 more; 28,000 would follow at the end of the thirteenth year. They would throw up the sponge by twos and threes until the end of the forty-fifth year, when it would be found that in the intervening period something like 500,000 had left the track. Sixty years would see 370,000 gray-headed men still cheerfully pegging away. At the end of eighty years the competitors in the great "go-as-you-please" would number 97,000, but they would be getting more shaky and "dotty" each lap. At the end of ninety-five seasons 223 would only be left in the final "ties," while the winner would be led into his retiring-room, a solitary wreck, at the age of

one hundred and eight. There is something grimly humorous in this quaint array of figures, but they are founded upon statistics carefully compiled. One can not help wondering what would be the betting at the start about any one of those million babies coming in alone at the one hundredth lap of the great and mysterious track upon which the race of life is run.

THE TREATMENT OF WHOOPING COUGH. In this summary of treatment, from a clinical lecture delivered at the Philadelphia Hospital (Medical News), Dr. John M. Keating emphasizes the value of the steam spray and the atomization of medicated solutions, among which he ascribes value to Dobell's solution, eucalyptol, and thymol. With the bichloride he advises caution. Corrosive sublimate, which is now used for almost every thing, he says, has also been applied here in the form of a spray. He remarks that it is a dangerous drug to put into the hands of an inexperienced person, and, as we have so many other useful remedies for this affection, he thinks it wise to avoid the use of corrosive sublimate. He has used listerine extensively with good results in the treatment of whooping cough. He employs it in the strength of one dram to two ounces of water with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children, even babies, do not object to it. He adds to it tincture of belladonna, potassium carbonate, or ammonium bromide, as the case may demand. Chloride of ammonium he also finds of great service in the form of spray.—*New York Medical Journal.*

THE MICHIGAN STATE MEDICAL SOCIETY held its regular annual meeting at Port Huron on June the 10th and 11th. The sessions were marked by a large attendance; the papers presented were of high merit, and the discussions most creditable to medical science and the speakers who engaged in them. A noticeable feature of the proceedings was the presentation of patients who were the subjects of interesting affections. These were carefully examined by the fellows, and made the theme of valuable comment.

Drs. Ochterlony, of Kentucky, Morse, of Ohio, and Hingsten, of Canada, were present by invitation, and took part in the scientific deliberations of the Society, to the honorary membership of which they were elected by a unanimous vote of the fellows.

DEPARTMENT OF THE INTERIOR.—Dr. William E. Brandt, a graduate of the University of Louisville, class of 1871, formerly of the United States Army, and more recently Resident Physician to the Indiana Insane Hospital, was on the first of June made qualified Surgeon to the Pension Bureau, at Washington, D. C.

We are most happy to note this recent proof that fortune still holds our old friend and classmate upon her list of favorites, while we congratulate the Pension Department upon its having thus secured the services of an able officer and an accomplished gentleman.

UNITED STATES BOARD OF PENSION EXAMINERS.—Drs. R. B. Gilbert, Coleman Rogers, and W. T. Durrett, of Louisville, were recently appointed medical examiners to the United States Pension Agency of this district. These gentlemen are well-known popular physicians, and will certainly perform their important official functions with credit to the profession and justice to the Government and its worthy would-be pensioners.

THE American Neurological Association at its recent meeting elected the following officers. President, Dr. C. K. Mills, of Philadelphia; Vice-President, Dr. V. P. Gibney, of New York; Secretary and Treasurer, Dr. R. W. Amidon, of New York. Members of the Council: Dr. G. W. Jacoby, and Dr. E. C. Seguin, of New York.

THE Medical Record says that an autotype reproduction is about to be issued of the original manuscript notes of Wm. Harvey's lecture delivered at the College of Physicians in 1616. In these lectures we find the first germ of Harvey's immortal discovery. A printed transcript is to accompany each page of the autotype reproduction.

THE University of Pennsylvania and the Jefferson Medical College of Philadelphia have each discontinued its post-graduate course.

TABLESPOONFUL doses of fine bran are spoken of highly in the treatment of constipation in children. The bran is warmed in milk and poured on bread.

DR. A. W. FRITSCH, of Evansville, has been appointed to fill a vacancy in the Indiana State Board of Health.

The Louisville Medical News.

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KENTUCKY STATE MEDICAL SOCIETY.

The thirtieth annual session of our State Society seems to have made good the promises of its elaborate programme. The attendance was full and representative of every portion of Kentucky, with the welcome presence of a few distinguished gentlemen from neighboring States. The papers presented gave evidence of careful preparation, and the discussions which followed were terse, timely, and vital with the spirit of modern medicine. Some wise conservatism was aired by the older members; but pure old foggyism seems to have been without a representative upon the floor. Nor will the reflective mind fail to find a fitness in the fact that, in the celebration of the Society's thirtieth birthday, the attendance should have been largely made up of the younger members of our profession, since at thirty manhood is in flood tide, broadening, deepening, and mounting toward the mark of its high calling.

It is worthy of note that the sessions were devoted almost exclusively to the reading of papers and the discussion of medical themes.

No question of ethics was sprung, and

such issues in medical politics as are vital to organizations of this character were adjusted without friction or waste of time.

Among these may be mentioned a series of resolutions on the questions of registration and State supervision of medical education, framed by a committee of the American Medical Association's appointment, and addressed to the medical societies of all the States. This was referred, without discussion, to a committee which will report at the next annual meeting.

The number of applicants for membership was large, and all who were duly qualified were accorded a hearty reception. Indeed, the spirit of Kentucky hospitality was put to what, in other days, would have been thought a trying test when two physicians of the gentler sex knocked timidly for admittance; but their reception was voted without murmur or dissent, and they were bidden welcome with wide-open door.

The committee on nominations did its work wisely, and, by naming for officers men in every way worthy of honor, have insured an essential prerequisite to the success of the next meeting.

The banquet tendered by the proprietors of the Springs was elegant, and characterized by such zest of good pleasure and effervescence of fine sentiment as are commonly observed when good fellows gather around the well-spread board.

Elsewhere in this issue may be found a report of the proceedings, and the full text of one of the essays read. A number of the papers have been sent to the News for publication, and will appear in due time, while such as have sought contemporary avenues of issue will appear in abstract in our Society reports.

RECONSTRUCTION.

The American Medical Association's new committee on the International Medical Congress met in Chicago at the Palmer House on the 24th of June, and proceeded to reconstruct the work of the original com-

mittee in a radical manner. The original nineteen sections are reduced to sixteen. Gynecology is made to join hands with Obstetrics, Nervous Diseases and Psychiatry are loaded on to Medicine, Dental and Oral Surgery are sent by the board, while Climatology is added to Collective Investigation, Nomenclature, and Vital Statistics.

By a change of the rules of admission to the Congress, the new-code gentry are barred from active participation in the proceedings, and their names have been stricken from the published lists of the standing committees and section officers. The office of secretary-general is abolished, and many names of representative men who are loyal to the code have been stricken off to make room for new names, or oddly transposed with those of old associates. "The axe is laid unto the root of the trees." Comments are in order. It is said that the wind is set from the east, and that we may expect a tempest, if not a tornado.

It is a comfort to the editor, in view of the necessary withdrawal of Dr. Holland, to be able to place the name of Dr. William Bailey upon this journal's list of collaborators. This gentleman requires no formal introduction at our hands, since he is already known to the readers of the NEWS as a graceful and scholarly writer.

Bibliography.

Intestinal Obstruction, its Varieties, with their Pathology, Diagnosis, and Treatment. (The Jacksonian Prize Essay of the Royal College of Surgeons, of England, 1883.) By FREDRICK TREVES, F.R.C.S., Surgeon to and Lecturer on Anatomy at the London Hospital; Hunterian Professor of Anatomy at the Royal College of Surgeons, of England. With sixty illustrations. Philadelphia: Henry C. Lea's Son & Co. Pages viii and 515. 1884. For sale by John P. Morton & Company.

This book is the outgrowth of an admirable essay which, in the race for the prize before the Royal College of Surgeons, England, in 1883, distanced all other competitors. In its present form it is a volume of

no small pretention, and serves well to show the expansion of surgery in this department, with the opening up of an inviting field for the ambitious specialist.

Whether specialism shall, or shall not lay claim to this department of surgery, it is certain that no practitioner, who desires to be prepared for any emergency presented by impediment from any cause to the passage of food or feces along the *prima via* will fail to possess himself of this able and exhaustive monograph. Not having space for an analysis of the author's views relative to the pathology of the various forms of intestinal obstruction, or comment upon his development of the clinical history of typical cases, we shall content ourselves with a remark or two at random upon his suggestions as to treatment. Here it may be noted that great importance is attached to feeding per rectum, the author believing that, in many cases, which do not prove rapidly fatal, the support of the patient by this method is too often neglected to the prejudice of a successful result. Among his medicinal agents, opium, of course, holds the chief place; but it is curious to note that he has something rational to say in favor of the absolute and generally voted absurd practice of giving large doses of metallic mercury in cases of intestinal obstruction.

In all cases of acute and subacute strangulation, intussusception, or complete mechanical occlusion of the bowel, he holds mercury to be absolutely useless, claiming, however, that in ileus following fecal accumulation its good effects are often very remarkable.

"The mercury does not act by weight, but in its passage along the intestine becomes very finely divided, and on reaching the stercoral tumor appears to insinuate itself among the parts of the fecal mass, and between the mass and the bowel wall, and so to loosen the obstructing matter as to restore the normal passage."

"In cases of acute and of complete mechanical obstruction, the quicksilver has been found after death to have collected into a single mass above the obstruction, the separated particles having in such instances cohered again." In no case was mercurial poisoning observed as an effect of the quicksilver, though enormous doses had been given, and the metal had been noticed (in one case) in the motions for seventeen days after the administration of the last dose.

The dose varies from fifty to three hun-

dred grams (or roughly from one to ten ounces), and, whether large or small, it has been frequently repeated.

"In any case of fecal accumulation that has resisted the action of aperients, enemata, massage, electricity, etc., the use of metallic mercury in large doses would appear to be worth trying, especially as the mode of treatment appears to be attended by no especial risk."

In support of these views the author quotes M. Matignon, who revived this method of treatment in 1879.

Insanity and Allied Neuroses: Practical and Clinical. By GEORGE H. SAVAGE, M. D., M. R. C. P., Physician and Superintendent of Bethlem Royal Hospital, Lecturer on Mental Diseases at Guy's Hospital, joint editor of the "Journal of Mental Science." 19 illustrations. Pages viii and 544. Philadelphia: Henry C. Lea's Son & Co. 1884. For sale by John P. Morton & Co.

Probably no member of our profession is better qualified to discuss the intricate problems of insanity than Dr. Savage, who has made mental diseases a special study for many years, with results which are familiar to all who keep themselves posted in this department of medicine.

The book under notice is of peculiar interest, since it unfolds the results of the author's own abundant observations of the insane under circumstances of a most favorable character.

It is, in short, an analysis of the many instructive cases of mental disease which have been admitted to the Bethlem Hospital during a period of more than twelve years. The work is for the most part original, while the author's terse, graceful style imparts to the text a peculiar charm.

To the neurologist who may be seeking for new and striking reports of cases, and to the general practitioner who has no time for the study of elaborate treatises, the work will be welcome. The latter will be especially interested in the author's admirable discussion of the relations of insanity to various other diseases, and his suggestions for treatment in the acute stages of mental derangement. The medico-legal bearings of insanity are made an attractive feature of the work.

Third Annual Announcement of the Northwestern Medical College, Toledo, O. Session 1885-86.

Societies.

THE KENTUCKY STATE MEDICAL SOCIETY.

Proceedings of the Thirtieth Annual Session, held at Crab Orchard, June 24, 25, and 26, 1885.

[Reported by A. H. Kelch, M. D.]

WEDNESDAY.

The Kentucky State Medical Society as a body and as individuals were welcomed to the hospitalities of the Crab Orchard Springs summer resort, at its recent meeting, by Will S. Hays, in the following language:

Members of the Kentucky State Medical Society and Representatives of the Medical Profession of Kentucky: I feel it a great pleasure as well as an honor to extend to you a most hearty and cordial welcome to this famous resort. I assure you that the management will do every thing in their power to add to your pleasure and your comfort. All you have to do is to ask, and ye shall receive. Mr. Howard and myself, as representatives of the managers, will only be glad to accede to the desires any and all of you may express. I trust your deliberations with us will not only be wise, pleasant, and profitable, but instructive, and that we may so conduct ourselves as that, when you leave us, you will feel that nothing has been left undone on the part of the management of this place to render your stay happy and comfortable.

The reports of committees were then called for, and, when completed, the regular order of business as laid down in the programme was begun.

Dr. Wm. Bailey made the report on the Practice of Medicine. He began by a reference to his experience with the many medicines which had been left at his office for trial by the agents of enterprising manufacturers. He referred to the fact that but a small proportion of these preparations that have been so widely dispensed in the last five years are now among the reliable means of combating disease. "An evil," said he, "is inseparable from it." The tendency is to induce people at large to buy and take these preparations without medical advice. While not underrating the importance nor decrying the effort of pharmacy to render medicines more elegant, eligible, and effective, the speaker thought it would be better if enterprising firms would place a sufficient quantity of any preparation that is likely to possess unusual qualities at the hands of competent men in public institutions, there to have its effects noted and recorded so that the practitioners might have some reason for confidence in its administration. He thought it time

to call a halt, and to become more familiar with the action and various applications of reliable drugs already in use. The efficiency of any arm in service is very largely due to the skill with which it is used.

With reference to the germ theory of cholera, the speaker said:

The germ theory of disease is, no doubt, destined to be the greatest question of the age, whether it stands or falls. All the conditions involved in this theory have not been sustained, unless it be in the case of two or three diseases where absolute causative relation seems to have been established between the diseases and their specific germs. In the others, so far, we are compelled to admit that the argument is solely dependent upon analogy or inference. The conditions necessary for the demonstration that the comma-bacillus is the cause of cholera are that bacilli shall be found in the blood and tissues of patients sick with cholera; that they shall be present in every case; that they shall never be found where the disease does not exist, and that inoculation with them shall produce the disease.

So far the authorities are at variance upon these propositions. High authority claims to have discovered that these bacilli are abundant in the water used by persons in India with impunity, and also that they are found abundantly in the alimentary canals of other than persons with the disease. Koch maintained that the first appearance of the "comma-bacilli" in the canal coincides with the commencement of the disease, that they increase with it, and that they disappear with its decline.

To the mind of the speaker several difficulties existed in the way of an investigation of the theory, and the demonstration can only be perfect by making the experiments with man himself, and then only when his environment will exclude every other source of the disease.

It will not do to make these experiments in India or elsewhere if the disease be prevailing, for then there must be a doubt in the mind whether the disease is the result of the inoculation, or produced in the ordinary way. Inoculate with the specific germ persons outside of the habitat of the disease.

Continuing, said he:

For my own part I must confess that all my preconceived notions in regard to the various forms of bacteria were that they were simply scavengers serving an important function in the world, converting the compound elements into more simple ones, acting on tissues only when they were deprived of vitality. This process is exceedingly important, as this conversion is essential in nature before the vital organization can appropriate for their own support and development the various substances with which they may be surrounded.

As soon as life is extinct the atmosphere at once furnishes that form of bacteria necessary to set up the processes of decomposition. This is a universal influence, and if it was not so food-supplies

for animals and vegetables would soon become exhausted. In this way the same elements of matter can be made subservient to use again and again.

So I have been inclined to the view that the various processes of disease served but to supply the conditions for bacterial existence and development, and that they were a consequence of diseased action. If I mistake not, no specific germ has been found living in the virus of either smallpox or vaccination. If you can take the virus from either of these, not containing living germs, and develop by inoculation these diseases, will this fact not at least make strong presumptive evidence that bacteria are not an essential element of any of these enthetic diseases?

If they produce the absolute essential cause then they themselves are likewise absolutely essential—another point of interest to me, even admitting for argument's sake their essential presence.

Is it necessary to have the germ transmitted from the person of the sick to the well in order to contract the disease? In other words, may there not be other sources of supply?

Much hinges upon this proposition, for if it is established then we can have no cholera unless imported. All cases of cholera, then, are the result of either direct or indirect contagion.

By analogy may we not safely conclude that all forms of malarial diseases are produced by specific germs as well as cholera?

Is not intermittent fever then equally contagious? Indeed, then, by this hypothesis is there any other way of contracting malarial fever except by contagion? But do we not know that the essential causes of these malarial fevers are climatic in origin. Who does not believe that the Pontine marshes near Rome would have developed the cause of intermittent fever if no man had existed on the face of the earth or had deposited the bacillus malaria in a thousand miles of that imperial city? My judgment is that the telluric conditions would have been sufficient for this without man's existence, or any other animal subject to the disease. You will perhaps appreciate the tendency of my argument. May not these great pestilences that stalk abroad in the land be the result solely of local conditions of climatic origin, so to speak? May not vegetable matter, under the combined influence of varying degrees of solar heat and moisture, generate specific germs for cholera as well as intermittent fever? Who will undertake at once to differentiate the clinical phenomena of cases in collapse from cholera, and from congestive or malignant intermittent fever, unless it be that the bacteria in the alimentary canal may serve him? This, at any rate, may be one thing accomplished by these most deserving scientists.

I would fain argue, from much of the history of cholera, that it is, like malarial fever, epidemic dysentery, yellow fever, etc., produced by climatic influences.

I do this, knowing full well that most of the profession will regard the doctrine as heretical. I will quote the language I find used by Professor James T. Whitaker, page 792, volume ii of *Pep- per's System of Medicine*, when speaking of the propagation of epidemic dysentery by emanations from the soil, and apply it to cholera and say, "The simultaneous sudden attack of great numbers under the most diverse surroundings admits of explanation no other way."

In the discussion which followed, Dr. Dudley S. Reynold's said:

Dr. Bailey might have found less difficulty in formulating his skepticism if he had made it plausible. The microbes which cause cholera never appear in the blood of the patient nor in any secretion. They operate entirely upon the lining of the intestinal canal. By destructive action upon the epithelium, abrasions follow which drain so much of the fluids from the body as to rapidly deplete the patient, who presently reaches the stage of collapse and dies without any evidence whatever of the introduction of any sort of matter into the system. On the contrary, it is what has been withdrawn from the system through the abrasions or excoriations of the walls of the intestinal tract which robs the patient of the vital fluids. If Dr. Bailey would study the published reports of Dr. French, of Wilkesbarre, Pa., and Dr. E. O. Shakespeare, of Philadelphia, he would find perfectly conclusive evidence that the typhoid fever, which has prevailed with such disastrous effects in the town of Plymouth, originated in the contamination of the water-supply by the discharges from a patient having that disease.

No person who has studied the literature of the several epidemics of cholera which are known to have prevailed in different parts of the world will undertake to deny the influences of accumulations of fluid in filthy gutters and cesspools upon the water-supply, and the influence of this in turn upon the spread of the cholera. There is no comparison, as Dr. Bailey states, between the manner in which smallpox and cholera enter the system. Quarantine in the presence of smallpox prevents its spread by limiting both the amount of poison and the number of susceptible people. In the case of cholera the resting-place for the microbe prior to its introduction into the drinking-water, or its lodgment in the dew upon such vegetables as may be eaten uncooked, limits the chance of contact of the microbe with the vegetables or the introduction of it into the water, provided only the aid of thorough sanitary police be employed for the thorough destruction of these cesspools or resting-places. In this way climatic and telluric influences may alone serve to propagate an epidemic of cholera, the air being powerless to carry it from one person to another directly. It must be swallowed, and this is generally through contaminated water.

Dr. McCormick, of Bowling Green, said:

I very cordially agree with much that Dr. Bailey says in regard to the influence and importance of climatic and telluric conditions in the production of cholera. It seems to me that, admitting all this, the history of cholera in every country where it has prevailed there must have been something added besides these influences. In those seasons when it has prevailed in parts of this country, other portions having like climatic and telluric influences exercising their influence have, when this other particular influence which we recognize as the specific cause of the disease was inoperative, escaped. I may mention a case where a negro coming from Lebanon, when the disease was prevailing in 1873, to Columbia, where no cholera had previously existed, was suddenly seized on his arrival at the latter place so violently that he died of the disease in a closet attached to a livery sta-

ble. The Monday following this occurrence was county-court day. Many farmers from the surrounding country while in the city had occasion to visit the foul closet in which the negro died. In forty-eight hours afterward the cholera was epidemic throughout the county, the primary cases occurring in those who had visited the city and been in this closet.

During the same year the cholera was imported from the railway station to Lebanon and prevailed at first in the families of some negroes, who lived on the banks of a ravine, the cases being confined to them for some time. Out of the wells from which they gained their water-supply, and which were situated but a very short distance from their houses, water was hauled to the fair grounds and put in barrels for the use of the people attending the fair, and in the next forty-eight hours cholera was epidemic throughout Marion County.

In Genoa, last year, contrary to what occurred in Marseilles and Toulon, the cholera made its appearance in the best quarters of the city. This was an inexplicable mystery until it was determined that the water-supply of the city was derived from three companies, two using a large stream and one using the water of a smaller stream. This smaller stream supplied the affected portion of the city. It was then discovered that not far above the inlet of this water-supply the cholera had been prevailing among the miners located there, the filth from whose settlement was discharged into the stream. So far as we were able to gather the evidence in this way, from city to city, it all points to the existence of a specific cause, capable of transmission thus from one point to another, and it would appear that we can no more have cholera without this specific seed than we could expect to raise a crop of oats, or wheat, or barley without scattering the seeds upon the ground prepared to produce it.

Dr. J. B. Marvin said:

There are one or two points in Dr. Bailey's paper I wish to call attention to. We have more than one kind of comma-bacillus. Dr. Koch has conclusively proved that the comma-bacillus which he describes is characteristically distinct from those which some observers have claimed to be inert. Klein claimed there was nothing in the theory, and to show his faith publicly drank water containing the comma-bacilli. But Klein was forced to admit, in a discussion with Watson Cheyne, that he was ignorant of the variety described by Koch.

Now, another point with reference to the activity of contagion. At certain places along the Ganges River religious customs call for the assemblage of large numbers of people to drink and bathe in the waters. This is done with impunity and without cholera occurring until some arrival from Bengal, where the disease prevails, carries the specific poison to its waters. This once done, thousands at once fall victims to the disease. At Mecca this experience is repeated almost every year among the hosts who gather there to drink of the holy well. When some pilgrim arrives from an infected district, and the water once becomes contaminated by the poison he has carried, thousands at once fall a prey to this fell destroyer.

The transaction of the miscellaneous busi-

ness had consumed so much time in the afternoon, the hour having now grown late; that the Society adjourned to reconvene in the evening, when Dr. Pinckney Thompson, of Henderson, in the annual address of the President congratulated the Society on the auspicious circumstances attending the opening of its thirtieth annual meeting, said he:

"We can to-night quote old Francis Quail's words, rejoicing in the whole truth of the first clause, while smiling at the half truth of the last: 'Physicians are of all men the most happy; what ever good success they have the world proclaimeth, and what faults they commit the earth covereth.'"

Continuing at some length to eulogize the profession and to speak of their opportunities he evolved the principle that the responsibility for most of the crime of the present age rests upon the shoulders of the physician! Crimes he traced to blood and breeding, and physicians understanding the importance of good blood and training are bound to be the teachers of the people on these important topics.

It is generally agreed among medical men that multitudes of men, and especially women, live in such a state of nervous tension, and in such utter neglect of hygienic law as to put their own well-being in peril and to do injury to their children, if they have any. A cultivated, refined woman can only keep up with what is termed society at peril to her own health and that of her children. Under the strain and excitement of fashionable life she is never perfectly well, does not sleep soundly, suffers from a capricious appetite, is always languid, and sometimes prostrated. If she be a mother, or is to be one, she has already so drawn upon her vital forces that she has none to expend upon her children: hence so many feeble, nervous, and unpromising children in the best circles of society. How can it be expected they will develop much mental or physical vigor? Who, if not the doctors, can stem this fatal tide? Who, if not the doctors, can transform this stream of death into a river of life? Are we doing it, or attempting to do it, with any thing of the earnestness and determination required by the case? The strain of forced education is ruining our growing female population by arresting development and consuming physical force. In my own experience I have seen girls not only enfeebled in body, but driven to the verge of hysterical insanity to gratify the ambition of a silly parent. Is there a member of this Society, who has given this matter sufficient consideration to render his opinion valuable, who doubts that this overstrain of mind and consequent enfeeblement of constitution are not among the great causes of disease among our females in modern times? As a result of it all, have the women of this generation improved intellectually, physically, or otherwise, over those of the preceding one? Will the rising generation be an improvement over either? The causes for this failure to improve on each preceding generation are easily discovered by a short consideration of the surroundings and habits of our children in their daily lives. In the

country many people, because of poverty or ignorance, do not observe the laws of health. They live in badly-constructed houses along the water-courses, where malaria is rife; live on insufficient food and impure water; their sleeping rooms are poorly ventilated, and a bath-tub is an unheard-of thing. In cities and towns the evils result from aggregation, crowding, and improper removal of the filth generated by the processes of life. Added to these, and the evils of forced education, there prevails in cities an improper construction of school-houses, that are built, as a rule, three stories high. Is there a doctor in my hearing who does not know that these girls in ascending these stairs six or eight times a day bring into active exercise, first, the diaphragm, and then the the abdominal muscles, in such a way as to press the abdominal viscera downward upon the pelvic contents, so as frequently to displace the uterus, and sometimes to bring its ligaments to such a strain as even to displace the ovaries, thereby superinducing metritis, hypertrophy, flexion, version, prolapsus, and all the series of dreadful diseases to which woman is a victim and a martyr?

Now are we, as medical men, trying to correct these evils? Are we trying to teach the multitudes that to continue these evils is slow suicide? Are we with earnestness and determination resisting and condemning the overtaxing of children, especially girls, mentally and physically? Are we exerting an influence in procuring such legislation as will enable the officers of the law to compel cleanliness in all its forms, and thereby prevent disease and crime, and elevate the human race? Are we influencing school authorities to adopt proper methods in education for fostering the physical and mental vigor of the pupils? Are we in our daily intercourse with the people, among whom we practice and who will hear our words, warning them of the great importance of observing all these important hygienic laws, especially in the family and in the school-room? If not, then we have missed a most important part of our calling, and have fallen short of the high ideal of our noble profession.

Following the President's address Dr. Williams, of Cincinnati, read an interesting communication on the subject of "The Physician's Opportunities for doing and being Good." No abstract could do the paper justice, hence none is attempted.

THURSDAY.

On Thursday morning, after the transaction of miscellaneous business, the regular order was begun by the reading of a paper on General Surgery, by Dr. J. M. Mathews (committee). After the usual introduction the speaker said:

There are many things which go to make successful results in surgery outside of the ability to do operations. If Lister accomplished nothing more than to insure cleanliness in the dressing of wounds by the use of his spray, humanity has much to thank him for, and he much to congratulate himself upon. If germs can live in solutions of carbolic acid, it is no reason that Listerism should be deprecated or abused.

The minor details of surgery are oftentimes of more importance than the operation itself. The ovariectomist that contents himself with the simple extraction of the tumor, will be sadly disappointed; while his confrere, though less *au fait* with the knife, will carry off the laurels, if he pays the proper attention to the after-treatment of his patient.

Climate, sanitation, hygiene, and the general surroundings of the patient have much to do with the success of operations, and much of the mortality list can be ascribed to the neglect of the same. Our Marine Hospital service has awakened to the truth of this, and we begin to see the good effect of it in the reconstructing and erecting of hospitals after sanitary principles. It should be one of our chief duties to see that the same principle be carried out in the building of hospitals, infirmaries, etc., in civil life.

Hydrochlorate of Cocaine. Since our last meeting there has been given to the surgical world a boon, second only in importance to the discovery of chloroform, viz., the hydrochlorate of cocaine, the discoverer of its anesthetic property being Dr. C. Koller, of Vienna. It has a wide range in surgical practice, especially so in the diseases of the eye, ear, nose, mouth, and throat, and in gynecological practice. Its chief effect is upon the mucous membrane. To have any effect upon the skin or deeper tissues it must be injected into them or applied through wounds. The physiological action seems to be the paralyzation of the sensory nerves, and, it may be, the posterior columns of the spinal cord. Knapp says it abolishes reflex irritation, and that it has no cumulative effect and exerts no bad influence on the nutrition of the parts subjected to its action. When applied to the membrane, its anesthetic effect is short-lived, and requires frequent reapplications. A four-per-cent solution of the salt is the one most generally used. It is best, however, for the operator to prepare the solution desired. A question of moment is, Does the application of the anesthetic prevent or lessen repair? In some operations performed by myself I have imagined that it did, to a degree, interfere with the process of repair. All operations upon the eye, save, perhaps, enucleation, have been done under its influence. For operations in the larynx and pharynx it has been found useful. In diseases of the genito-urinary organs its use is of great importance; strictures of the urethra are divided under its influence without pain or shock. It is also recommended in cases of vaginismus, and chronic cystitis is said to yield to an injection of a third of a grain into the bladder. An irritable prostate is quieted by an application of it. Operations upon the cervix are successfully done without pain by its use.

I have divided fissures of the anus by applying it for the space of ten minutes. It is claimed that many operations of minor surgery can be done by its aid, as, for instance, the removal of fatty tumors. In such cases the remedy must be injected, in strength say fifteen drops of the four-per-cent solution. I find that under this injection abscesses can be opened and polyps removed. However, where a large amount of skin has to be cut through, I have found the local application of *rhigolene* by spray equal, if not superior, to cocaine. I have also had good results in the appli-

cation of hydrate of chloral and camphor, equal parts, as a local anesthetic in similar cases. In rectal diseases cocaine is not a success.

General Etherization. It is not necessary for me to go into any detail of the advantages or disadvantages of any one general anesthetic over the others. Statistics are so very uncertain, and compiled under such varied conditions, that a judgment can hardly be based upon them. There are those who advocate the use of chloroform to the exclusion of all other anesthetics, while others, with the same vehemence, advocate the use of ether alone, or the A. C. E. mixture, or proportions to suit themselves.

It is useless to speak of the fatality of any of the preparations, for the reason that each man's experience is simply an individual one, and deaths have been known to follow the use of each or all the anesthetics. It is hardly an argument *pro* or *con*, as the circumstances that caused the death in the use of one might also have occurred with the other. It is safe to say that in Europe ether is preferred, while in America chloroform is principally used. For my own part I use chloroform nearly exclusively. I can do no better than quote the opinion of Mr. Tait, who, after performing one thousand abdominal sections, says, after this varied experience, that a mixture of ten parts of ether and one of chloroform, given by means of Clover's apparatus, is the best. He claims that its action is rapid, and the sickness afterward is far less than with any thing else. That it does not produce bronchitis nor arrest the secretion as ether does.

In this connection it may be well to mention that rectal etherization has not met with that success that had been anticipated. It has but few advocates, and but little can be said in its favor.

After dwelling at length on antiseptic surgery, the speaker continued:

A question of great moment to the surgeon is, Can he, while attending cases of pyemia, erysipelas, etc., by the use of disinfectants, prevent the contagion that is said to be communicable? Without stopping to discuss any theory in regard to contagion under these circumstances, I desire to quote the views of Prof. Volkmann, as expressed in a letter to Dr. George F. French, of Minneapolis. He says, "A surgeon who disinfects himself well can immediately after making a post-mortem undertake any operation known to surgery." This is a strong saying of the eminent German, and very hard to believe.

Abdominal Surgery. It is a fact to be deplored that the results of laparotomy, in this country at least, have been very unfavorable. Mr. Lawson Tait may have underrated our ability as surgeons when he said that the poor results we attained were due to the fact that too many men engaged in the work, but the fact of an unsuccessful result remains.

It is not my intention to speak of the operation under the spray or without it, nor to speak of the merits or demerits of any special operation, but to deal in a general way with laparotomy.

The old German idea was that it was unjustifiable to cut into the abdominal cavity to take out a diseased ovary, for the reason that the organism would not tolerate such interference, and Prof. D. W. Yandell, in a discussion before this Society last

year upon the subject of gun-shot wounds of the abdomen, said that five out of six men gun-shot in this manner would die despite any or every aid, three of hemorrhage, one of peritonitis, and one of septicemia. With these two statements before us it might well be asked, Is laparotomy justifiable in in these cases?

The remarkable success attending abdominal section by Mr. Tait, as borne out by his report of one thousand cases, emboldens us in the view that the abdomen can be opened with much less risk than was formerly supposed. Hence it is that the operation is being advised for gun-shot wounds of the abdomen. The first successful operation of the kind was performed by Kocher, of Berne, and the second on record, being the first in America, was done by Dr. W. T. Bull, of New York. The report of this case says, "A man shot in the abdomen by a bullet from a revolver—caliber No. 32—was admitted into the Chambers-street Hospital, and seen by Dr. Bull twelve hours after. The wound was an inch and a half below the navel, and an inch and a half to the left of the median line. Upon cutting through the abdominal wall the gut presented and *seven* perforations were found. These were all closed by silk sutures. The bullet was found lodged in the sigmoid flexure. The wound in the abdomen was closed after cleansing with a solution of carbolic acid. The success was perfect." Men eminent in surgery say that laparotomy is urgently indicated in any case of perforation of the stomach or intestines, due either to direct or indirect violence, and that peritonitis should not stand in the way. Others will agree with Dr. Yandell.

With a few remarks upon the surgery of the kidneys, the speaker brought his report to a close.

[TO BE CONTINUED.]

Selections.

HYSTERECTOMY, AND THE VALUE OF THE CARBOLIC SPRAY IN THIS OPERATION.—In the British Medical Journal, May 23d, Mr. J. Knowsley Thornton considers eighteen cases of hysterectomy performed by him. There were two failures. Of the remaining sixteen, thirteen were complete supra-vaginal hysterectomies and three were removals of large pediculated fibro-miomata. They were all treated by the extra-peritoneal method. The operations were performed as follows: A four-inch incision was first made through the parietes, the hand is introduced into the peritoneum and careful examination made of the ovaries, tubes, uterus, and tumor. If the case is a suitable one the incision is enlarged, the mass brought out, the wire applied, and the mass removed. The stump is secured in the lower angle of the wound by strong wire passed through the abdominal walls and

peritoneum. No drainage-tube is used. The upper part of the incision is dressed with a carbolic gauze dressing, terminating about an inch above the uterine stump. The stump is packed about with dry carbolic gauze and then dressed with perchloride of iron, care being taken to avoid any moisture from the melting iron running over the sides of the stump. Carbolic gauze is then applied. The stump dressing is usually changed in two or three days, under the spray. He says that Listerism with the spray is a safeguard in hysterectomy, for it enables us to perform an aseptic operation and protect the patient during the early days, that is, until the peritoneum has become sealed.

DR. D. W. YANDELL writes from the East that his health is very much improved.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from June 21, 1885, to June 27, 1885.

Major Albert Hartsuff, Surgeon, assigned to duty at Fort Hamilton, N. Y. H. (S. O. 133, Department East, June 24, 1885.) *Major J. V. D. Middleton*, Surgeon, granted one month's leave, with permission to apply for fifteen days' extension, to take effect about 15th proximo. (S. O. 88, Department Missouri, June 19, 1885.) *Major H. E. Brown*, Surgeon, assigned to duty as Post-Surgeon, Fort Reno, Indian Territory. (S. O. 91, Department Missouri, June 24, 1885.) *Captain Blair D. Taylor*, Assistant Surgeon, ordered from Department Texas to Department East. *Captain Wm. F. Carter*, Assistant Surgeon, ordered from Department East to Department Texas. (S. O. 141, A. G. O., June 20, 1885.) *Captain Wm. B. Davis*, Assistant Surgeon, leave of absence extended three months. (S. O. 142, A. G. O., June 23, 1885.) *First Lieutenant R. G. Ebert*, Assistant Surgeon, granted leave of absence for one month, to take effect about July 5th. (S. O. 97, Department Colorado, June 17, 1885.) *First Lieutenant R. L. Robertson*, Assistant Surgeon, now on leave of absence, directed to report in person by July 7, 1885, to commanding officer, Columbus Barracks, Ohio, to accompany detachment of recruits to Department Texas. On completion of this duty to rejoin his proper station. (S. O. 143, A. G. O., June 24, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ended June 27, 1885:

Long, W. H., Surgeon, granted leave of absence for three days, June 18, 1885. *Fessenden, C. S. D.*, Surgeon, leave of absence extended seven days on account of sickness, June 24, 1885. *White, J. H.*, Assistant Surgeon, granted leave of absence for twenty-one days. June 23, 1885.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, JULY 11, 1885.

Original.

INFLAMMATION OF THE MAMMARY
GLAND.*

BY JOHN G. CECIL, B. S., M. D.

Visiting Obstetrician to City Hospital, Louisville, Ky.

It will be the province of this paper to direct attention to inflammatory troubles of the mammary gland, including also reference to fissure and excoriation of the nipple, with particular suggestions as to causation, results, and treatment. Some authorities appear to have considered these troubles rather unimportant, and consequently much of the information concerning them is vague and indefinite. True, the beginning is insignificant, but if we follow a case from a simple abrasion or minute fissure of the nipple through destructive abscess and slough, associated with severest suffering, we can not refuse to accord the importance due, and be forcibly reminded that neglect or ill-advised treatment of these unpretending caution signals often results in direst consequences.

Many, indeed most, of us are denied the privilege of doing great things, so we must hope for distinction by doing little things well. As much credit is attached to curing a fissured nipple as to amputating a thigh; the ultimate danger is not so great, but the suffering is hardly less intense, and cure is accomplished in the one case about as soon as the other. Any thing new on this subject must not be expected, but if success is had in eliciting such exchange of opinion as will enable us to better understand and practice what is known, the object of this paper will be attained.

There are few practitioners who have not met and been sorely puzzled with a fissured nipple that has obstinately resisted

all treatment, continually getting worse, terminating in abscess. Recourse to authorities and friends suggests a magnificent array of remedies which are deemed infallible, but which never fail to fail when success is most desired.

Of the causes of mastitis, there can be little doubt that abscess always, or nearly always, begins as an erosion, excoriation, or fissure of the nipple. This opinion is supported by most of the modern authors. Of course blows or other direct injuries are excepted. (I have recently seen a case in which there was subcutaneous inflammation in the left breast and parenchymatous inflammation in the right breast, both originating or being preceded by trouble in the nipple, both terminating in abscess, the inflammation extending by the lymphatics or cellular connective tissue from the fissure or abrasion to the deep structures of the gland.) The theory that abscess is caused by obstruction to the flow and accumulation of milk in the ducts and acini is unfounded on facts, and can not be demonstrated. In support of this assertion such authorities as Lusk, Winckel, Ramsbotham, Parry, McClintock, Thomas, Sawyer, and Harris may be referred to. Hence, the treatment directed to removing the milk by pumping, massage, or rubbing, with or without oil, while it may temporarily relieve the distension to a certain degree, is misdirected. It neither prevents nor cures an abscess. But at the feet of this treatment may be laid with some degree of assurance, not only the sin of omission, but the worse one of commission; in other words, it is more than probable that abscesses of the breast are sometimes caused directly, and at others hastened by the very means adopted for their prevention. Milk can be rubbed or pumped or nursed from a sound breast simply engorged, but with not much success from an inflamed one; when accumulated in the ampulæ of the galactophorous

*Read before the Kentucky State Medical Society at Crab Orchard, June 26th.

ducts it may be removed by any of the ordinary means, but not from the glands or acini beyond the site of inflammation. "An interesting series of observations bearing on this subject have been deduced from analyses conducted by M. Péligré with the view to ascertaining the nutritive value of the lacteal secretion at various epochs. From these analyses it would appear that the longer the milk remains in the breast the thinner and more aqueous does it become." A natural deduction would be that it is then more readily reabsorbed.

The cause of the subglandular variety, according to Billroth, is to abscess formation in the deep-lying glandular structures, the pus perforating the fascia-like connective tissue at the base of the organ into the loose connective tissue situated between the gland and pectoral muscle. If this be correct, there is reason to suppose the lymphatics have, in some instances, carried the first poison from an inflamed or fissured nipple to the site of the abscess. Barker, in giving the varieties of abscess of the breast, refers to the subcutaneous, glandular, and subglandular; giving as a cause of the glandular or parenchymatous variety, the structural changes which succeed lacteal obstruction or engorgement when either of these exist. From later observations, and in accordance with the above given cause, it is more probable that the trouble is not so much due to the engorgement as to the means adopted for its removal.

It is a singular fact, and one from which a valuable lesson as to treatment should be drawn, verified by personal experience and all the literature that I have seen, that abscess never occurs in a puerperal breast which has never been nursed. In hospital practice good opportunity is afforded for observation of this kind, for the reason that a large proportion of the infants are given away or otherwise disposed of. The rational explanation is, that patients at this time during the lying-in period are confined to bed and are at perfect rest, on a low and unstimulating diet, and usually some application is made to the breasts. However, little is to be expected from local applications.

From analogous processes during inflammation in other organs it is reasonable to suppose that the lacteal secretion is seriously interfered with in decided inflammation of the gland. Harris states this as a fact; and even when the secreting parts themselves are not invaded, the adjacent structures

being inflamed must affect the neighboring glands. Acute Bright's Disease of the kidney affords a similar example.

A brief consideration of the results of suppurative inflammation in the mammary gland will not be out of place. A breast once the seat of destructive abscess may and does leave cicatrices and lumps which remain for many years; which interfere very seriously with subsequent lactation in after pregnancies, and also from which develop both malignant and non-malignant growths. By far the most important after-result is cancerous growths, having their origin in these scars and lumps. Literature on this subject is very meager. Reasoning from the stand-point of the local origin of cancer, this opinion is easily tenable. J. Birkett, in Guy's Hospital Reports, says, on this point, "that, as regards lactation, he has failed in establishing any *marked relation* between the imperfect performance of this function and the subsequent development of cancer." From Clement Nodson we have this view: "Fissures and excoriations of the nipples often lead to abscess, and it is said that it may sometimes lead to malignant disease." Erichsen, writing of the causes of cancer of the breast, says: "Its peculiar frequency in the female may possibly be owing to the great and sudden alternations of the functional activity of the breast in women. The changes impressed on this organ at puberty and during pregnancy, the various alternations which it undergoes, the inflammatory affections to which it is subject during lactation, the frequent irritation to which it is exposed by sympathizing with uterine derangement and the diminution in its activity at the change of life, are sufficient to explain the great liability of this organ to disease generally; and may not improbably give a clue to the reason why it is peculiarly the seat of cancer in women." More directly to the point is what we get from the admirable monograph on "Tumors of the Mammary Gland," by Professor Samuel W. Gross. He writes: "Another assumed predisposing cause of carcinoma is puerperal mastitis resulting in chronic circumscribed indurations, which are composed of glandular structure surrounded by densely hard or cicatricial connective tissues. Hence, these lumps do not differ from the normal breast during senile involution, and it is quite natural that, during a subsequent lactation, or under the influence of the period of life when carcinoma may be looked for, the included lacteal

glands should not react physiologically, but grow atypically and lay the foundation of cancer. Of three hundred and sixty-five women who had borne children, there was antecedent mastitis in seventy-one, but in only thirty of these did an induration remain from which carcinoma originated. Hence, the disease appears to be connected with this condition in 8.21 per cent of all cases." Dr. Gross has not given this enough prominence, as his own figures will demonstrate. Look at these figures in this way, which is a perfectly legitimate use of them: We have seventy-one cases of mastitis and thirty cases of cancer resulting; while the figures show 8.21 per cent of all who had borne children developing cancer, they also show 42.25 per cent of the cases of mastitis developing cancer. This startling deduction will induce us not only to use our best endeavors for cure, but also prevention.

Treatment. A good deal may be done by prophylaxis, but it is extremely difficult to induce women whose breasts are giving little or no trouble to follow directions in the matter of absolute cleanliness, and the necessary care as to the application of astringent or hardening lotions. It is to these that we must look for prevention. By the most assiduous care in the beginning to abrasions and fissures much suffering and a large proportion of abscesses may be prevented. Should they, however, resist all palliative measures, the treatment recommended for inflammation or "caking" is advised, and this in no instance should be too long postponed.

For management of inflammatory conditions of the gland or subcutaneous tissue the ordinary treatment usually advised is rubbing, massage, keeping the breast empty by the breast-pump, child, or nurse, application of poultices, belladonna, and many other medicines. If the milk-ducts be obstructed by inflammation in its own structure or in tissues adjoining, rubbing, pumping, or any means adopted for removing the milk can not be very effective, but by calling more blood to the part aggravates and does much harm. The breast-pump is possibly allowable, but should be used with great care and only to glands not in a state of active inflammation. It can hardly draw away the products of inflammation. Rubbing a breast that has obstructed ducts for the purpose of abstracting milk is like making pressure on a distended bladder resulting from stricture of the urethra to remove the accumulated urine.

Rubbing the breasts, according to Barker, in the subcutaneous and subglandular varieties is absolutely pernicious and worse than useless. He might well have added this concerning the remaining form. If, as he further affirms in conjunction with many others, that belladonna, the most popular local application, has no effect in checking the lacteal secretion, then we see many cases get well without any treatment. These are the cases whose condition compels them to remain quiet and in bed, and live on light diet. All attention appears to be directed to getting rid of the milk in the above lines of treatment indicated, and in this respect is fallacious, for the milk can be shown to be innocuous. Compression by means of plaster to remove induration, prevent purulent infiltration and formation of obstinate fistulous sinuses is strongly advocated by many, and is an admirable treatment. In epididymitis, inflammation of a gland of analogous anatomical structure, we all recognize strapping and rest as one of the very best methods of procedure, so the same beneficial effects may be obtained in inflammation of the mammary gland. However, my experience in strapping the breast with adhesive plaster, while it has been gratifying in some respects has been very disagreeable in others. That plaster which is incomparably the best, viz., the rubber adhesive, does admirably until its removal is desired. The suffering caused by attempts to remove it from an already tender and painful part by pulling on the fine hairs that cover the surface is intense, and has produced so much distress that I have determined never to apply it again when any other treatment is admissible.

Applications can do little good in cases of fissure or excoriation as long as the child nurses or the pump is used; for whatever may be gained by the medicine is lost by the wounded part being torn open by the attempts to remove the milk. Cocaine, according to the recent journals, has been applied to fissure with strikingly beneficial results. I have had no experience with it.

The obvious indications in these troubles is to give the parts absolute rest, just as is done in treating wounds elsewhere. But the puzzling question is, what can be done with this secreting organ during the process of repair in the wound? I have tried nearly every thing mentioned by authors on this subject, but without uniform satisfaction. Just here comes in the timely and admirable article of Dr. Philander Harris, in

the Am. Journal of Obstetrics, on this subject. His proposition, backed by experience, is to let the milk take care of itself. His experience proves it not only a harmless but a safe measure. He claims that the milk is entirely innocuous to the gland, and will not of itself cause abscess. He further claims that nursing can be resumed after the fissure is cured, or the inflammation has subsided, in from one to fifteen days. I have succeeded in bringing on the flow of milk ten days after the birth of the child in a very unpromising case. There are many records of interesting and remarkable cases of grandmothers and others resuming this obligation after many years of quiescence in the mammary gland.

At the risk of being tiresome I will state as briefly as possible what Dr. Harris proposes to do with the bandage and rest in the management of these affections. His results are so satisfactory, his conclusions so just, and at the bottom of all of it is so much common sense, that I do not hesitate to fully indorse him on the ground he takes. His procedure in an obstinate fissure, or an excoriation that has proven intractable to other treatment, or in inflammation either threatened or existing, is to use plenty of absorbent cotton to envelope the breasts, and then apply a roller bandage twenty yards long by two to two and one-fourth inches wide—first making a few turns of the bandage under the arm and affected breast and over the opposite shoulder, lifting the gland well up, thence straight around under both breasts, thence two or three times over the shoulder not covered and under its opposite or the well breast. This constitutes his half-dressing. The full-dressing consists in carrying the bandage around the body over the affected breast and beneath the well breast, thence around the body above both breasts, thence under the affected breast and over the well breast. The bandaging is thus continued until both glands are completely covered; the nipple of the well breast being left exposed, the inflamed one covered. If both are involved, then both are covered. Finally he secures the bandage with safety-pins where it crosses or diverges or where it is liable to slip. When necessary morphine or other anodyne is given to relieve pain. "The first day the breast fills and becomes quite tense, the inflammatory blush is more marked and may have extended a little. Some breasts drain their secretion. Some do not. The bandage is removed and reapplied as be-

fore and left for another day. The breast will then be found more enlarged, but there is less soreness and inflammatory induration and little or no pain. Readjust bandage for another day. By this time the breast, whether it has drained or not, will be found generally to have reached its maximum degree of distension, and we now usually note a very marked retrogression of symptoms. When first applied the bandage may be allowed to remain as long as it stays in place, is comfortable to the patient and there is no pain; otherwise it should be reapplied every day. A cooling lotion, as spirits of camphor or listerine, may be poured on the bandage. After the redness, pain, swelling, induration, and soreness have disappeared, apply bandage with the nipple exposed, and put the child to nursing; the functional activity is brought into action under the natural stimulus of nursing and the flow of milk becomes re-established. In greatly distended breasts the patient may be restricted in quantity of drink and fluid nourishment, and must abstain from all exercise or work necessitating movement of the arms."

When suppuration is inevitable then the sooner the pus is evacuated the better; this is best done by free incision from the nipple outward to avoid cutting the milk-ducts. After lancing the bandage should be reapplied, for by this we keep the surfaces of the abscess cavity in contact and thereby hasten the cure. When multiple abscesses have occurred, the treatment recommended by Billroth is the best; it consists in anesthetizing the patient, making a free opening with a bistoury, then, with the finger, breaking down all partitions between cavities, making one large cavity, which is treated antiseptically.

THE fifty-third annual meeting of the British Medical Association will be held at Cardiff, on Tuesday, Wednesday, Thursday, and Friday, July 28th, 29th, 30th, and 31st, 1885. President, James Cuming, M. D., F. K. Q. C. P., Belfast. President-elect, W. T. Edwards, M. D., F. R. C. S., Cardiff.

A GLASS of beer three times a day, with meals, is highly spoken of in the treatment of severe vomiting of pregnancy.

THE German Imperial Board of Health will soon publish a weekly journal for the record of its statistics, reports, and papers.

Miscellany.

SYRUPUS ROBORANS.—The value of the hypophosphites as therapeutic agents is now so generally recognized as to need no more than a passing suggestion when a new preparation containing or representing them is announced. Rapid advances in manipulative pharmacy have made practicable the exhibition of these compounds in a form which until recently has scarcely been attempted. Instead of the nauseous, changeable, and consequently variable mixtures hitherto presented, we are now furnished with an elegant, stable, definite, and palatable preparation bearing the above title. The name of its well-known makers, Messrs. Arthur Peter & Co., of this city, is a sufficient guarantee that at all times the preparation will be of the same high degree of excellence as now.

DR. SIMON BORUCH in an interesting article (New York Medical Journal) on the Therapeutic Significance of the Cervical Follicles, summarizes as follows:

1. A thorough knowledge of the anatomy, physiology, and pathology of the cervical follicles will simplify the treatment of many uterine affections.

2. The cervix uteri represents a large gland of active and important function in the various sexual relations of woman.

3. In the majority of the more common diseases of the uterus the mucous membrane and its follicles play the most important rôle. A recognition of this fact will make treatment more successful.

4. Metritis, subinvolution, hyperplasia with catarrh, erosions, etc., must be studied in connection with the glands of the cervix.

5. In obstinate cases medicinal applications fail because the secreting surfaces of the follicles are not reached. Scarification and the curette are valuable adjuncts in nulliparous women or in parous women without cervix laceration.

6. In parous women with lacerations, trachelorrhaphy is the most valuable procedure. As a simple plastic operation it will fail. Success depends on extirpation of the follicles, which is more important than "removal of the cicatricial plug."

7. The microscope demonstrates the dependence of catarrh, ulceration, erosion, and hypertrophy of the cervix, and often also of the body of the uterus, upon the glandular structure of the cervix uteri.

8. The cervical follicles are significant as elements in the pathology of cervix cancer, because the microscope demonstrates the dependence of the latter upon erosions, which are based upon the gland structure.

9. Laceration and erosion must be regarded with suspicion, as possible sources of future malignant disease. In operating for their removal, extirpation of the cervical follicles must be unsparing.

INTERMEDIATE TRANSPLANTATION OF A PIVOT TOOTH WITH RESTORATION OF FUNCTION.—The Medical Record tells the following:

A lady in South Bend, Ind., who had a false tooth set on a pivot, sneezed it out the other day while feeding chickens. An old hen thought it was a grain of corn and swallowed it as soon as it struck the ground. After a long chase the hen was captured, beheaded, its crop opened, the tooth found, and restored to the lady's mouth, where it afterward helped to masticate the old hen.

DR. ALT reported a case to the *Verein Deutscher Aerzte* (Weekly Medical Review), in which one one-hundred-and-twentieth of a grain of duboisin applied to the eye produces symptom of poisoning by that drug. Delirium, dry throat, and quick pulse were observed. Morphia, one eighth grain, and chloral, fifteen grains, were given to counteract its effect.

TINCTURE OF IODINE IN THE TREATMENT OF INTERMITTENT FEVER.—Schabliovsky (*Russakaja Medicina; Dtsch. Med.-Ztg.*) has treated twenty-six cases of intermittent fever with tincture of iodine, ten drops being given three times a day. A cure resulted in every instance without unpleasant consequences.—*New York Medical Journal.*

TURPENTINE IN THE TREATMENT OF DYSENTERY.—Genkin (*Wratsch; Dtsch. Med.-Ztg.*) commends the use of oil of turpentine in doses of ten drops to a teaspoonful of castor-oil, and states that he has produced better results with it than by using opium. In only seven out of fifty-nine cases was there any disturbance of the urinary organs.

PROF. VOLKMANN, of Halle, has had the order of nobility conferred upon him by the German Emperor.

DR. NOEL GUENEAU DE MUSSEY, a prominent French physician, is dead.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

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DESTRUCTION.

The work of reconstruction done at the recent meeting of the American Medical Association's Committee on the International Medical Congress seems not to have commended itself to the critical taste of the old committee's appointees in Philadelphia, as the following, from the Philadelphia Medical News of July 4th, shows beyond doubt:

A meeting of the members of the medical profession of Philadelphia concerned in the organization of the International Medical Congress of 1887 was held at the Hall of the College of Physicians, on Monday, June 29th, Dr. Alfred Stillé in the Chair. Dr. David W. Yandell, of Louisville, was present by invitation.

After hearing a report of the proceedings of the new committee, at the meeting held in Chicago last week, and, after considering the changes in the organization which were made, including the restriction of the scope of the membership, by which a large proportion of the profession of the country would be excluded from the Congress, the following preambles and resolution were unanimously adopted:

WHEREAS, Certain serious changes have been recently effected in the preliminary organization and rules for the International Medical Congress of 1887, it has seemed desirable for the members of the General Committee and the officers of the Sections resident in Philadelphia to meet for consultation; and

WHEREAS, It has appeared that these changes are inconsistent with the original plan, and detrimental to the interests of the medical profession in America, and of the International Medical Congress; therefore, be it

Resolved, That we, the undersigned, consider that our duty to the profession and to ourselves requires us to decline to hold any office whatsoever in connection with the said Congress as now proposed to be organized.

- | | |
|---------------------|---------------------|
| D. HAYES AGNEW, | S. WEIR MITCHELL, |
| ROBERTS BARTHOLOW, | WILLIAM F. NORRIS, |
| JOHN H. BRINTON, | WILLIAM OSLER, |
| CHARLES H. BURNETT, | JOHN H. PACKARD, |
| R. A. CLEEMANN, | THEOPHILUS PARVIN, |
| J. M. DA COSTA, | WILLIAM PEPPER, |
| LOUIS A. DUHRING, | EDWARD T. REICHART, |
| WILLIAM H. FORD, | ALBERT H. SMITH, |
| WILLIAM GOODELL, | ROB'T MEADE SMITH, |
| SAMUEL W. GROSS, | ALFRED STILLÉ, |
| ROBERT P. HARRIS, | GEO. STRAWBRIDGE, |
| I. MINIS HAYS, | WILLIAM THOMSON, |
| WILLIAM W. KEEN, | JAMES TVSON, |
| JOSEPH LEIDY, | HORATIO C. WOOD, |
| DAVID W. YANDELL. | |

Drs. Billings, Brown, Johnston, and Hays, of the original committee of seven, have resigned from the enlarged committee.

When the influence of all and the commanding eminence of many of these names are taken into account, it is clear that the strength and effectiveness of the Congress will suffer materially through their disappearance from the list of its committees and section officers; while it is equally clear that if a like spirit, leading to like action, prevails among the old appointees resident in the other great Eastern cities, the proposed International Medical Congress for 1887 can not be successfully conducted on American soil.

For, however proud the West and South may be of their great lights in medicine, it is a fact which need not be minced that these are not numerous. 'Tis true that we can boast of many learned and brilliant men; but nevertheless the fact holds, that our original investigators in medical science and the writers of our classic medical books are, with few exceptions, residents of our eastern coast cities. These are the men who have made the fame which American medicine enjoys beyond the sea, and these

are they whom distinguished foreigners will expect to meet at the coming Congress. If, therefore, the names of our most eminent authors and discoverers do not appear upon the published statement of the Rules and Preliminary Organization of the Ninth Congress, we need not look for any distinguished delegation from abroad.

But while the situation is not conducive to the credit of American medicine abroad or prophetic of success for the Congress, we must not lay too heavy blame upon the devoted heads of the reconstruction committee. This body worked, we believe, conscientiously, endeavoring as best it could to do the will of the society which gave it appointment. Its members could not in the logical fitness of things retain the New York new-coders, while the terms of their commission compelled them to make the lists of the committees, section officers, and councils representative in a geographical sense of the profession in America. That the committee's work was somewhat too sweeping must be admitted, and that trouble would follow could be readily foreseen; but its members can scarcely in reason be held responsible for the ruin wrought.

The whole blame must rest upon the shoulders of the American Medical Association, who, after appointing a committee of seven wise and eminent men to arrange the preliminary work of the Congress, should have consented to question their judgment and meddle with their work at the instance of a few disaffected but persuasively eloquent fellows.

At the next meeting of the Association there will doubtless be made a sublime attempt to undo the mischief, but nearly two years will then have been lost, with many if not all opportunities for making the Congress a brilliant success.

DR. M. ALLEN STORR has been made professor of Diseases of the Mind and Nervous System in the New York Polyclinic.

Bibliography.

A Manual for the Practice of Surgery. By THOMAS BRYANT, F. R. C. S., Member of the Council and Court of Examiners of the Royal College of Surgeons; Senior Surgeon to and Lecturer on Surgery at Guy's Hospital, etc. With seven hundred and twenty-seven illustrations. Fourth edition, thoroughly revised. Philadelphia: Henry C. Lea's Son & Co. 1885. For sale by John P. Morton & Co. Imperial, 8vo, pp. xviii and 1039. Cloth, \$6.50; leather, \$7.50; half russia, \$8.00.

The great popularity of Bryant's Surgery with the profession in America is attested by the fact that four editions of the work have been called for in something less than six years. The book has successfully divided honors with the great works of Gross and Erichsen, and bids fair to take the lead as a manual for the general practitioner and as a text-book for the student.

If the reason for this mark of favor be sought for it will be found to consist, first, in the author's felicitous style, second, in the admirable arrangement of the matter, and third, in the fact that he has not, like the masters named, suffered his work to grow into unwieldy proportions.

The third American edition of Bryant was revised by Dr. John B. Roberts, of Philadelphia; the present edition is fresh from the hands of the author, who testifies his appreciation of the labors of his former pupil by retaining many of the additions made by this accomplished surgeon.

A casual reading is sufficient to show that the author is but little disposed to indulge in hypotheses or balance arguments *pro* or *con* over mooted points, while he seizes upon a fact with the hand of a cunning workman and makes it do service for all that it is worth.

In treating of the etiology of syphilis, he turns his back upon the micro-biologists, dismissing the subject with the simple statement that the nature of its specific poison is unknown. Again, while devoting considerable space to antiseptic surgery and according all honor to Mr. Lister for his having "helped more than any one else to establish the value of antiseptic drugs and antiseptic precautions in the practice of surgery all over the world," he takes to task those overcredulous surgeons who have made extravagant claims for the all-sufficient efficacy of antiseptics. He says "that an enormous superstructure has been raised by the ingenuity of its builders upon a narrow foundation, and that good results have been too

hastily attributed to causes which have been but some of the factors of a work to which others equally potent for good have, without doubt, contributed."

In the matter of surgical interference in shot wounds of the intestines the author has nothing to say as drawn from his own experience, but quotes to the point the prophecy of Dr. Otis, who said in 1871 that "prejudices similar to those that ovariectomy has successfully overcome in the last quarter of a century will be dispelled by the results of exploratory incisions in gun-shot wounds of the abdomen before many years have elapsed."

From this it would seem that the author's work of revision was over before Dr. Bull, of New York, had reported his celebrated successful case.*

Great care has been devoted to the department of morbid growths, which are treated with remarkable fullness of text and liberality of pictorial illustration. Indeed, few special treatises can be said to do the subject more ample justice. The department of urinary surgery is also noticeable for similar features of excellence. The illustrations throughout the work are of a superior type.

On the Wasting Diseases of Infants and Children. By EUSTACE SMITH, M. D., London. Fourth edition. 8vo., pp. viii and 278. Library of Standard Medical Authors for 1885. New York: William Wood & Co. 1885.

This is a standard work, and will rank among the most valuable of the series for 1885. It is the book to which the author owes in large measure his great reputation in pediatric medicine, and, if he had written no other, would have been sufficient to support his fame.

The volume opens with a chapter devoted to the susceptibility of infants to disease, and the discussion of some questions relative to diagnosis and therapeutics, after which the following topics are considered in regular order: Simple Atrophy from Insufficient Nourishment; Chronic Diarrhea (chronic intestinal catarrh); Chronic Vomiting (chronic gastric catarrh); Rickets; Inherited Syphilis; Mucous Disease; Worms; Chronic Pulmonary Phthisis; Caseation of Lymphatic Glands; Diet of Children in Health and Disease.

Each section of the work is developed with conscientious attention to every essen-

tial detail, and while nothing relative to the pathology and clinical history of the affections named is omitted, the great question of constructive therapeutics is kept ever in the foreground and discussed in all its bearings after the manner of one who has mastered this difficult problem in infantile medicine. The proper exhibition of constructives in combating the wasting diseases of children is ever a question of prime moment with the physician, and it is to the eminently successful presentation of this theme that the work under notice owes its well-earned popularity.

Some Interesting Reflex Neuroses with Treatment and Comments. By John J. Caldwell, M. D., Baltimore, Md. Reprint from Virginia Medical Monthly.

Condensed Monthly Statement of Mortality in the City of Nashville, Tenn., for the months of April and May, 1885. Chas. Mitchell, M.D., Health Officer.

Shall we Hang the Insane who Commit Homicides? By Clark Bell, Esq., ex-President Medico-Legal Society, New York, Honorary Member of the Societe de Medicine Mentale de Belge, etc. Reprinted from the Medico-Legal Journal.

Dr. F. E. Daniel, senior editor of the Texas Courier Record of Medicine, has sold his interest in that journal, and expects to begin the publication of a monthly journal to be called Daniel's Texas Medical Journal. The first number will be issued at Austin about July 10th. He calls on the profession of Texas to assist him in the enterprise, and should be greeted by a liberal response.

Pruritic Catarrh or Hay Fever: Its Treatment. By J. A. Stucky, M. D., Surgeon to St. Joseph's Hospital, Vice-President of the American Rhinological Association, etc. Read before the American Rhinological Association. Reprinted from St. Louis Medical and Surgical Journal, June 1885.

This interesting reprint deals with the treatment of a most obstinate affection. The author claims that most cases are accompanied with or caused by nasal catarrh, and the indication for treatment is the removal of the cause. During the paroxysm the treatment should be palliative, all irritants being carefully avoided. If nasal hypertrophies exist they should be removed.

* New York Medical Journal, Feb. 14, 1885.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

In a return relating to experiments on living animals, issued by Inspector General Bush, it is stated that forty-nine persons held licenses during 1884, and the total number of experiments of all kinds performed was about four hundred and forty-one. The animals operated upon were all rendered insensible during the experiments. Of one hundred and forty-five experiments ninety-nine consisted in simple inoculation with a morbid virus, in which no operation beyond the prick of a needle was required, and for which the administration of an anesthetic would only have entailed needless annoyance and distress to the animal. In these experiments any appreciable suffering would be felt only in those cases in which the inoculation took effect, involving about the same amount of pain as ensues on ordinary vaccination for the brief period the animals were allowed to survive. Of such cases about sixteen occurred. Of the remaining forty-six experiments under these certificates twenty-four were performed for the purpose of medico-legal inquiries in cases of suspected poisoning, resulting in the death by tetanus of three frogs and six mice, which survived, however, only a few minutes. Ten other cases under the same head were experiments on the infection of fish with a species of fungus very destructive in certain rivers and streams, and five on the effects of immersion of fish in distilled water, which proved fatal to about thirty minnows and sticklebacks. In none of these cases could it be said that any appreciable suffering was inflicted. In seven cases, in which salts of ammonia were hypodermically injected, two are returned as suffering pain, but of a very trifling character. Of seventy-six experiments under certificates, forty-seven required a simple operation, but this being done under anesthesia was unfelt, and the after-effects, though in many of the cases resulting in partial paralysis, are reported as having been unattended with actual pain in any case. The remaining twenty-nine were by simple inoculation, and none were attended with pain. The amount of direct or indirect actual suffering as the result of physiological and therapeutical experiments performed in England and Scotland under the act in the year 1884 was wholly insignificant.

Dr. John W. Tripe, M. D., read a paper at a meeting of the Association of Public Sanitary Inspectors on Disinfectants and Their Sanitary Uses, referring to the antiquity of the use of disinfectants for preventing the spread of infectious diseases. A contrast was made between the thoroughness of the precautions exercised in ancient times to the looseness which characterized those of the present day. It was necessary, if disinfectants were to do their work properly, that they should be used with a definite object, as they only worked within certain narrow limits, and must be employed in such a way as to be precisely adjusted to their work. Thus numerous experiments showed that, although the time for which infected articles were exposed to the action of disinfectants had a material bearing on the result, yet that there was a certain limit of strength which the disinfecting agent must have in relation to the article disinfected, for, if too weak, or used for too short a time, the contagion would not be destroyed.

The paper then dealt with the various kinds of disinfectants, and their special uses, and described how a room should be fumigated with sulphur. In selecting a disinfectant for general use, it was said cheapness in comparison with their disinfecting power and freedom from poisonous qualities seemed to be leading indications. Unfortunately, however, most of those which were cheap and non-poisonous, such as chloral and alum, were not sufficiently active for general use, while sulphate or perchloride of iron were objectionable because they stained linen and woolen goods, and should be carefully used. The same objection applied to Condy's fluid, when used of a sufficient strength to act as a germicide. The most certain and useful disinfectant was dry heat.

Speaking of Condy's fluid, it was stated that there was little if any use in evaporating it in a sick room occupied by a small-pox patient, except for the purpose of removing unpleasant smells. The same remark Dr. Tripe applied with greater force to carbolic acid, as it was not an oxidizing agent, and could not be safely breathed when it existed in sufficient quantity to prove a disinfectant. For the disinfection of ditches, special mention was made of Stillé's mixture for deodorization, consisting of lime, tar, and salts of magnesium, mixed with water. The disinfection of polluted rivers depended mainly on the kind of refuse passed into them. So that it was

impossible to lay down any rule for general use. With regard to sewers the occasional use of carbolic acid was of comparatively little use, as the quantity of sewage quickly carried it away, but if the gullies were trapped, carbolic, sanitas, or terebine powders might be usefully employed. The offensive smell from ventilating openings of sewers at the level of the street was believed to be best remedied by animal charcoal being placed in perforated trays or boxes between the openings and the sewage, but unless the charcoal was frequently changed and kept dry no good effect resulted from its use.

Professor Tyndall says one of the most extraordinary and unaccountable experiences in medicine is the immunity secured by a single attack of a communicable disease against future attacks of the same malady. Reasoning from analogy, he has ventured to express the opinion that the rarity of second attacks of communicable disease is due to the removal from the system, by the first parasitic crop, of some ingredient necessary to the growth and propagation of the parasite.

The Prince of Wales has fixed Saturday, July 4th, for the ceremony of opening the Albany Memorial and other buildings of the National Hospital for the paralysed and epileptic, Queen Square, Bloomsbury. The Prince and Princess Christian have signified their intention to be present, and the Archbishop of Canterbury will take part in the proceedings.

Dr. F. H. Champneys, in a discussion upon certain points in the diagnosis of cervical stenosis, said that, as regards the os internum, this orifice really belonged to the uterine body; and reasons were given for thinking that its size was variable in the same individual, and that it was not rigid, but underwent spontaneous dilatation, being under the dominion of uterine polarity. Dr. Champneys discussed the diagnosis of stenosis, and showed that no certain inference could be drawn from difficulty in introducing the sound, because it could not be guaranteed that the sound was passed exactly in the caliber of the canal (though this could be assured in the case of the os externum), and because it might catch in a fold of mucous membrane. The diagnosis could, however, be made, if difficulty in withdrawing the sound were experienced, because the instrument then traveled of necessity in the right path.

PARIS, May 15, 1885.

Societies.

THE KENTUCKY STATE MEDICAL SOCIETY.

Proceedings of the Thirtieth Annual Session, held at Crab Orchard, June 24, 25, and 26, 1885.

[Reported by A. H. Kelch, M. D.]

In discussing the paper of Dr. Mathews (which closed the report in last week's issue of the NEWS) Dr. M. F. Coomes, of Louisville, said:

The most important point which now occurs to me is with reference to the speaker's words concerning abdominal surgery. It is a well-known fact that the tissues of the abdomen, and particularly of the intestines, are abundantly supplied with blood; in this respect being similar to the tissues of the face, and they therefore, when other circumstances are favorable, heal readily and completely. For my own part, if I were suffering from a wound of the abdominal structures and any hesitancy should be manifested on the part of the surgeon called to my side about opening up the abdominal cavity in order to determine and, if possible, remedy the mischief done, I should unhesitatingly insist upon its being done at once.

With regard to the use of iodoform, I would say that my experience with the drug has been somewhat peculiar. I have used it in two instances in the form of insufflation upon the throat. In each case, within a few minutes after the application, the patients began to grow dizzy, complaining of a feeling of weight in the epigastrium, the pulse being quickly increased in frequency. One of these parties was a physician, and he, of course, knew what the medicine was, and suspected the cause of these sensations. He assured me that he repeated the dose again and again, always with uniform results.

Dr. Williams, of Cincinnati, said:

We have been in the habit of using cocaine a great deal in painful affections, in paracentesis of the drum membrane, etc., and with uniform satisfaction. We have sometimes used it in enucleation of the eyeball, and we have come to the conclusion that none of the American preparations are equal in efficiency to that made by Merck, of Darmstadt. There is no amount of experience in this world that has been entirely satisfactory to me in any department of work that I know of in this world, but at the same time there is no kind of doubt that the introduction of this local anesthetic has proved a very valuable addition to the means we already possess for the relief of human suffering. It is not applicable to all operations, however.

Dr. Sattler, who is associated with me, yesterday removed a tumor from the temple of a young woman, and he attempted to produce anesthesia by cocaine, using three or four injections into its structure. I don't know how much more she would have complained at the operation without the influence of the drug, but she certainly complained enough with it. In the extraction of cataract we use it now altogether, without resorting to general anesthesia.

Dr. Vance said he had made frequent applications of it to reduce the pain of small operations, adding first applications of the drug as the operation progressed. In this way he had found it very satisfactory.

Dr. Roberts said he had used it frequently in operating upon small tumors; in one case the operation was followed by the application of caustic and no pain was complained of. He had used it also in fissures, but without any good effects. In irritation or inflammation of the prostatic gland he had had some happy results.

Dr. Scott said:

Several points in this paper struck me with much force, among others that a surgeon can pass from the post-mortem table to the side of a woman in ovariectomy with no danger of carrying infection to the woman being operated upon. How far would any of us feel justified in carrying practice like that? We all feel it improper to expose ourselves to any such disease as puerperal fever, traumatic fever, or erysipelas, while we are expecting to be called to a case of confinement, and I am led to ask how much can we measure our own personal responsibility; how far can we in justice expose ourselves to these diseases we regard as infectious and contagious before going to a case of confinement, and how far can we carry disinfection to render it safe after seeing such a case to attend one of confinement?

Dr. Reamy, of Cincinnati, a well recognized authority on obstetrics and gynecology, said:

The paper just read was extremely interesting and instructive to me. So far as the statement that it is entirely safe to pass from the dead-house to the operating table is concerned, I concede that, because it is a well-known fact that the germs of decomposition which play havoc in the dead-house are not the germs that threaten danger to the living. It is a question of greater importance to determine if it is not more dangerous to pass to the lying-in chamber from the house of the living. I have no hesitation, gentlemen, in saying that if a man is in constant attendance upon a case of erysipelas, or traumatic or puerperal fever, unless he is in a position to be able to change his clothing, even to his shoes and socks, and be shampooed by his barber, and take a bath, he ought not to approach the lying-in chamber. But granting that a man can so disinfect himself, it is yet safe to say that a man who is in attendance morning, noon, and night upon these contagious diseases is not a suitable person to attend a case of obstetrics. But can a man subject himself to sufficient disinfection to justify him in attending a case of obstetrics after exposure in the sick-room of a patient suffering from puerperal fever? I believe he can. I was in consultation very recently, at Glendale, O., in a case of puerperal septicemia where, at my last visit, it was necessary for me to make complete examination, and expose myself in this way to the utmost. The case proved fatal, and the exposure was complete. On the next evening I was summoned to attend a case of confinement. As soon as I arrived home from the case of which I speak, my clothing was

completely removed from head to foot, I took a bath, and followed it by another containing as much carbolic acid as I felt inclined to bear, went to my barber, and in the evening retired to the house of the case I speak of, where I remained almost constantly for the next twelve hours, and no bad results whatever attended the case. I certainly could not have felt justified in going without taking these precautions. It does not do in these cases to simply wash the hands with great care in solutions of carbolic acid and water.

Following this discussion Dr. Martin F. Coomes, of Louisville, read a paper on "The Value of Local Agents in the Treatment of Diseases of the Eye." He spoke of atropia highly in the treatment of iritis, both as an anesthetic and mydriatic, and favored its combination in solution with morphia especially in phlyctenular inflammation. This solution should be carefully watched in the cases of children, as the speaker had known poisoning to manifest itself after using one drop of a solution containing one eighth grain of atropia to the ounce. The value of atropia however is not what it was comparatively since the introduction of hematomia. Carbolic acid in solution, borax, carbolized oil, tannic acid, sulphate of copper, yellow oxide of mercury, and many others of the legion of agents that have been used topically received notice and comparison.

Dr. L. S. McMurtry, of Danville, reported a case of ligature of the subclavian artery in the third part of its course for traumatic axillary aneurism, with subsequent incision of the sac and recovery. The patient was a robust man, aged thirty years, who, thirteen months previous to the operation received a pistol wound of the shoulder, the ball passing deep in the vicinity of the shoulder-joint. In a few weeks a small lump appeared in the axilla, which increased in size until, at the time of operation, thirteen months after the wound, it had reached the dimensions of a child's head. The tumor occupied the entire axillary space, and had burrowed up beneath the pectoral muscles. Paralysis of the arm, forearm, and hand resulted from the pressure on the brachial plexus of nerves, so that this member hung useless at the side. The operation was performed two days after the patient called for advice. A silk ligature was thrown around the subclavian at the external border of the anterior scalene muscle. Pulsation was at once arrested in the tumor, and never returned. The radial pulse, which, before the operation, was feeble and fluctuating, was annihilated.

The patient made a prompt recovery without accident or complication. On the 21st day the ligature came away. One month afterward the patient returned home, and was not seen for four months. After the lapse of this time, the patient again presented himself. The tumor had materially decreased in size without pulsation or tenderness. The pressure on the brachial plexus remained with the consequent paralysis. It was then determined to extirpate the tumor. The patient being anesthetized, a ligature was thrown around the axillary artery on the distal side of the tumor to control hemorrhage from collateral recurrent branches. The tumor was laid open, the clots removed, and the wound cleared. The patient is now making a good recovery, and will soon be ready to resume his occupation as a farmer.

The speaker said that when the conditions are considered, it is not surprising that ligature of the subclavian for axillary aneurism is followed by the frightful mortality of forty-eight per cent. Although embodying the principles of the Hunterian operation, it is not far removed from the method of Anel. Indeed, when, as in the case reported, the aneurism extends above the acromial thoracic branch, the circulation through the sac is completely arrested by the ligature. Hence, suppuration of the sac from the loose formation of the clot and secondary hemorrhage are to be anticipated. Again, the ligature is placed in the vicinity of large branches. These facts explain the high death-rate after the operation. The case reported is an illustrative one, and the type of a class, circumscribed traumatic aneurism resulting from a wound of the coats of the artery. The aneurism in these cases approaches in character the pathological form of the disease, with this important exception, viz., the coats of the artery above and below the tumor are not involved and are free from disease. It is this feature which makes this class of cases distinct from idiopathic aneurisms so far as prognosis and treatment are concerned. In eight cases of this class aneurism of the axillary artery, resulting from stabs and gunshot wounds, treated by ligature of the subclavian, cited by Mr. Erichsen, not one fatal result occurred.

The paper was discussed by Dr. W. O. Roberts, who, in the course of his remarks, had occasion to refer to a case of aneurism wherein the subclavian artery had to be tied three times in succession, on account of

secondary hemorrhage, at intervals of about two weeks, recovery finally taking place.

A report was next made on orthopedic surgery by Dr. Vance, in which he advocated the resection of joints in cases of deformity the result of infantile paralysis, with the view of producing bony ankylosis in the best position for use and appearance. He accepted the prevailing view of most authorities, that the results following treatment of infantile paralysis occur spontaneously, the treatment instituted simply preventing deformity and assisting locomotion. This he recorded as his experience in the effort to revive the muscles lost. He referred to the unsatisfactory results of apparatus on account of the difficulty of harmonizing the weight of those sufficiently strong with the weakened condition of the patient; yet without their use, as the patient grows older and heavier, deformity is certain to follow, and hopeless crippling is inevitable.

In order to accomplish, without artificial bracing, a degree of support sufficient to prevent deformity, it has been suggested that the residue of the paralyzed muscles have a section removed, thus gaining by an inelastic band better control of the joint below, and in some forms of talipes, calcareous, for example, that the tendo-achillis be resected to gain an inelastic band for support. A third suggestion, to excise the useless joint, producing bony ankylosis, I have taken the opportunity to put into practice. The hopelessness of these cases, otherwise coupled with the fact that the bone in young subjects readily heals, renders the prognosis far less grave than in the operations performed where bone disease exists. Such operations should not, however, be undertaken without the consent of the patient, obtained after a full knowledge of its import and possibilities. Volkmann suggested such operations in 1881. It was not until May, 1882, however, that opportunity presented for your committee to put the suggestion into practice. The operation was performed upon a boy nine years of age, having a history of infantile paralysis since two years of age. The case was one of extreme valgus, in which apparatus had been used for several years with unsatisfactory results. The bony ankylosis produced secured good locomotion. An incision was made, three inches long, midway between the internal malleolus and the tendon of the tibialis anticus muscles in the axis of the extended foot, the center of the incision being over the annular ligament; the joint was opened, and the foot broken off the tibia, the ends of this bone and the fibula being sufficiently exposed to allow their being removed with the ordinary saw. The upper surface of the astragalus was shaved off with a strong bistoury, the bones brought into contact, the wound closed with stitches, and a counter opening made for rubber drainage-tube, no hemorrhage occurring except from the shaved surface of the astragalus. This was controlled by bruising the surface with the handle of the bistoury. Surgical fever reached 102° F. In three weeks the external wounds had

healed, though this had been delayed by the excessive secretion of synovia. This boy has now been walking for three years, with three-quarters of an inch shortening of that limb.

In a second case the knee was excised in a boy aged seven. The paralysis in this case was of six years' standing, with great deformity. Locomotion could only be effected by crutches. An incision was made along the inner border of the patella, having the joint for its center. The patella was removed, the ligaments divided, and the ends of the bones easily exposed and sawed off. The external ham-string was left untouched, it being the only muscle of the thigh which had any vitality left, and which, by its contraction, had produced luxation and rotation of the tibia. In ten hours after the operation the temperature was 105° F. Reasoning that nothing but latent malaria, rendered active by surgical procedure, could produce such a temperature in so short a time, quinine was given liberally, and had to be continued for some time, with the effect desired. In eight weeks he was out of bed; in three months the wound and counter opening reopened completely, following the formation of pus. Firm bony union now exists, and the boy can walk quite well. The operation was done in October, 1884.

A second case was reported, in which the ankle-joint was excised in a young woman aged twenty-five, the subject of talipes equino varus. In this case correction had been completely made by tenotomy and retentive apparatus, there being, however, complete relapse after four years. In this case, operated on before the classes at the City Hospital, there has been a good recovery, the progress of which was interrupted about the third week by diffuse cellulitis of the anterior part of the calf, which yielded readily, however, to treatment. She can bear her weight upon the foot, but is not yet allowed to walk.

In the fourth case subcutaneous osteotomy of the femur below the trochanter relieved an angular deformity of the thigh from hip disease, the hip being ankylosed with the femur at an angle of less than 90° to the pelvis, the deformity being greater because of high dorsal disease preventing lumbar compensation. Patient could stand only with great difficulty, his mode of locomotion being on all fours. After the osteotomy was complete tenotomy was performed upon the muscles going to the anterior superior spinous process. The wounds were dressed with compresses of absorbent cotton, and the case treated as a simple fracture, the boy being able to walk at the end of the fourth week.

In a fifth case of deformity in a boy seventeen years old, the result of knee-joint disease, the joint retained but little motion, the leg being fixed at an angle of 135° and

much rotated upon the thigh, with marked genu valgum. This was overcome by osteotomy of the lower end of the femur. He now walks with a comparatively comely limb, a compensation of one inch and a half being added to his shoe. The paper was not discussed.

Dr. M. F. Coomes next read a paper on the comparative value of local agents in ophthalmic practice, after speaking of atropia, alone and with morphia, cocaine, homatropia, calomel alone, and with sugar in the form of the white powder, silver, copper, etc., he said:

Salammoniac is but little used by ophthalmologists simply because its value is little known. The stick or a saturated solution of the muriate of ammonia is one of the best stimulant applications to a thickened and sluggish conjunctival membrane with which I am acquainted. Its application is very painful for a moment, but after this first paroxysm there is always felt a sense of relief that is most gratifying as well as durable. In vascular keratitis it is often very beneficial, and so highly do I esteem it that I would prefer it above all others were I compelled to confine myself to the use of one stimulant.

The speaker then referred to Dr. Knapp's unfortunate experience with jequirity, and closed his paper with the hope that this agent, promising so much in its advent into professional use as a remedy for a most unhappy state of affairs, would still, with further use and when better understood, be found to have many of the virtues ascribed to it on its first appearance.

Dr. A. W. Johnstone next read on surgery of the genito urinary organs.

THURSDAY AFTERNOON.

The session was begun by the reading of a paper, by Dr. Dudley S. Reynolds, on "Some of the Causes of Failure in Operations for the Correction of Squint." A few extracts will better serve to outline the intent and scope of the paper than an abstract could possibly do. After a few preliminary remarks the speaker said:

In 1862 Donders gave the first hint at the real causes of convergent and divergent squint. Before that time, however, central lesions of the nervous system, traumatism, and habit were regarded the most common causes. Graefe was quick to apply the optical principle suggested by Donders. Others took up the subject, and in 1864, when Donders wrote his great work on the Anomalies of Accommodation and Refraction for the New Sydenham Society, of London, he presented to the world a clear and well-nigh complete analysis of all the varying forms of squint, demonstrating the causes both predisposing and ex-

citing, and showing wherein Dieffenbach's already universally adopted tenotomy had not been attended with that degree of success necessary to establish it as a universally justifiable operation.

What Graefe regarded as lost physiological sensibility through psychical exclusion Mooren correctly interpreted as deficient refraction. Strangely enough, however, Mooren did not establish the relations which abnormal refracting power sustains to the accommodative function.

Further on, Dr. Reynolds said :

To be plain, the world now recognizes in all the various forms of squint a certain relation to the acuity of vision depending upon irreconcilable obstacles to the harmonious fixing of the two eyes upon a single object. The focusing power and the accommodative power are not the same, yet they are intimately associated with each other, and any disturbance in their normal relations may create the predisposing cause of some form of squint; active accommodation implies the power of harmonious convergence of the optical axes of the two eyes, and a normal power of fixation. The fixing power will depend mainly upon the state of the perception, while the converging power will depend upon the normal state of the recti muscles, and these in turn upon normal nerve- and blood-supply as well as constitutional vigor. Central nerve lesions may, by disturbing motor branches, create spasm in the muscle or paresis. The pressure of morbid growths may exercise similar power.

As a conclusion, later on, the speaker said :

I am persuaded that the first step in all cases should be directed toward the correction of errors of refraction ; first, to the acuity of vision, and subsequently to the inharmonious muscular action.

This done, in a later paragraph, the following occurs :

If the subject have no organic defect other than the insufficient refraction, the squint may be corrected by suspending the patient's accommodation, and correcting the error of refraction. If organic change has occurred, this must be corrected by tenotomy, carefully done, the error of refraction being at the same time overcome by the use of suitable glasses.

The speaker then traced the deleterious effects upon the mental development of children the subject of these deformities, and showed how many cases of that chain of nervous phenomena, now called neurasthenia, are the results of errors of refraction and deficient accommodative power, suggesting, of course, for their relief the correction of these abnormal conditions.

In a brief summary, said he :

Failures in the attempt to correct squinting are to be attributed to neglect on the part of the surgeon to rectify at the same time deficiencies in the refractive and accommodative powers of the

eye ; neglect of the patient to observe the rules laid down for this purpose, and more rarely, perhaps, to bungling and unskillful execution of the tenotomy.

The paper was not discussed.

Dr. Wm. Cheatham read a paper on otology, in which he confined himself to a few points in the proper management of acute catarrh of the middle ear. He said the treatment of these affections had recently become simplified and more efficacious. To their bad management many cases of intractable chronic ear suppuration can be traced. Four cases were reported, showing the efficacy of proper treatment, which consists of leeches, hot-water injections, and a dose of calomel and soda, with a chlorate of potassium gargle. At the end of three or four days inflation, by Gruber's method, is also employed. If there is much pain opium is also used. Poultices, he said, were injurious in this class of cases, the hot water and leeches being far more beneficial.

This paper, also, was not discussed.

Strychnine and Mercuric Bichloride in the Treatment of Phthisis, was the title of a paper read by Dr. T. D. Fink. After reporting five cases treated in this manner, all of which did well, Dr. Fink spoke as follows :

Bichloride of mercury in the treatment of tubercular phthisis is in part based on the theory of Koch as to its pathology, a theory that might well be graced with the term fact, for there is none more clearly demonstrated nor so generally accepted as this.

In treating tubercular phthisis a medicine must be sought that will antagonize its cause, one that will destroy the germ. Must we needs look beyond bichloride, the greatest germicide, the king of antiseptics—an agent that has so won the confidence of its advocates that many, notably Schaecke, of Hamburg, since using it regards a compound fracture with but little more concern than a simple one. But should we deny it first rank among germicides there is still a plea for its use. It has been established that the bacillus flourishes in the strumous subject. Bichloride changes the soil, so to speak, rendering it less favorable to the development and multiplication of the germ. It promotes absorption of the organic element of the tubercle. It hastens the elimination of effete matter, which, remaining in the system, would itself, through diastatic properties incite rapid oxidation, hence tissue waste.

Strychnine proves a most valuable congener. On account of its effect on the sympathetic ganglia, it arouses the *trophic* nerve, so to speak, to proper performance of function. Under its influence the demand for nutriment on the part of the individual tissues is expressed in an augmented appetite and the food taken is digested and assimilated, thereby preventing the vomiting. By checking night sweats and colliquative diarrhea,

it rids the consumptive of two distressing symptoms as well as two persistent ravishers of his strength.

While praising these two agents, strychnine and bichloride, I neither forget that they must frequently be aided by other drugs to allay certain symptoms, especially cough and hemorrhages, until the general condition has been improved, nor that animal food is the desideratum in phthisis.

[TO BE CONTINUED.]

Selections.

THE SCIENCE OF CHANGE OF AIR.—In battling with disease "change of air" is not the least important among our therapeutical resources, though we fear, in prescribing it, we are far too often led by the dictates of the latest fashion in making our selection of the place to which we recommend our patients to go. Fortunately for us, almost any change proves beneficial to the vast majority of our patients. In their case, it is not merely change of air that is required, but change from the monotonous routine of their every-day life; new surroundings, new faces, new scenes to "switch" the action of the brain on to fresh lines, and so gain rest, and renewed vigor for those special portions of the brain which have, by prolonged strain in the one groove of thought, become exhausted. For such cases it is a matter of small moment what change is taken, so long as it is a pleasant one, full of fresh interests to amuse and stimulate a tired nervous system. In some cases, however, there are points of graver importance to be considered, when it becomes absolutely necessary to take into account the special atmospheric conditions of a place or district. It is necessary to weigh well the influences such conditions are likely to exert upon the well-being and physical condition of the case which may be especially under our consideration. To enable us to do this satisfactorily, we should understand in what way the physical condition is influenced by atmospheric surroundings and change. A useful contribution to the literature of the subject, from the pen of Dr. David S. Skinner, has just made its appearance, and will awaken fresh interest in the subject. The author seems to have given long and careful attention to the question in its scientific aspects, and his conclusions appear to be thoroughly sound and interesting from a clinical point of view. He treats of the physiology of respiration, products of waste,

urea, and fat, atmospheric pressure, the watery vapor of the breath, ozone, and electricity, animal electricity, climate, and topography. Great stress must always be laid upon the necessity of promoting, to the fullest extent, the exhalations of moisture as a means of getting rid of waste material from the body, the drier the atmosphere, the greater is the amount of moisture exhaled, and *vice versa*. Where the atmosphere is humid, and the escape of moisture interfered with, increased work is thrown upon the kidneys, which, in time, tends to set up mischief and disease in them, besides influencing the general health of the body and its functions. It must be remembered that, in the process of combustion which is going forward in the tissues, part of the oxygen respired enters into combination with the carbon to form carbonic acid, and part combines with the hydrogen to form water, the latter being specially furnished by the fatty tissues of the body. Dr. Skinner says, "A person with the tendency to form fat, I have known to have the fat to a very great extent removed under the influence of a mountain residence where ozone was a constant constituent of the air." The explanation of it seems simple. In a dry-atmosphere supplied with condensed oxygen, the dry air conduces to the uniting together of oxygen and hydrogen in the system to form water. In speaking of atmospheric pressure, Dr. Skinner points out the dangers of a too rarefied air, and insists that the question of calculating the proper elevation a patient may require is a most important one; that a too high position in the Alps may be as injurious as one too near the sea level. He directs special attention to the effects of ozone and electricity in the air, and to the subjects of electrical conditions in our own bodies, in their relationship to the maintenance of health. Undoubtedly, nerve force is greatly influenced by variations in these conditions, and through this influence upon our nervous system, all the functions of the body are governed for good or ill. One experiences this at once in the wide difference of feeling that exists, of hopefulness and buoyancy in fine, dry, sharp, sunny weather, on the one hand, and the langour and depression of spirits which make life miserable in cold, wet, or damp and sunless weather, on the other.

The subject is one of deep and practical interest to medical men whatever may be their special position in the profession, and though little is added to existing knowledge

by Dr. Skinner's work, there is much in it suggestive of mental food, for careful study and reflection, and if it but serves to stimulate other and deeper inquiries in the field of climatic influence, our therapeutic resources will have received a helpful adjunct.—*Medical Press and Circular*.

ANODYNE COUNTER-IRRITATION.—Dr. Richardson, on the theory that if by strong counter-irritation the surface of the body, in any part, were rendered very vascular, the absorption of a narcotic applied to that surface caused a local insensibility much more intense than if the narcotic had been simply placed on the skin in its natural state, combines a narcotic with a counter-irritant, as follows:

1. Mustard, four tablespoonfuls; tincture of opium, two fluid drams; glycerine, one tablespoonful; water, heated to 100 degrees F. To be applied on sponge or linen in the usual way.

2. Mustard, four tablespoonfuls; soda carbonate, half an ounce; Dover's powder, one dram; glycerine, one tablespoonful; water, heated, sufficient to make a poultice. This forms an alkaline as well as an anodyne counter-irritant for lumbago and muscular pains.

3. Cantharidine plaster, one dram; extract of belladonna, one grain. To make an anodyne blister. This is useful for the blister at the back of the ear, in case of pain from subacute inflammation.

4. Emplastrum calefaciens (Emplastrum picis cum cantharide, U. S.) is a good medium for anodyne counter-irritation. With it morphia, codeia, and other alkaloids combine well, on addition of a little glycerine. *Journal American Medical Association*.

THE TREATMENT OF FOUL WOUNDS BY HOT AIR.—A correspondent of the *Lancet* writes concerning the above as follows:

The perusal of Mr. Kesteven's interesting paper on antiseptic steam irrigation of foul wounds induces me to offer you a description of a method of treatment by hot air that for some years I have used with marked success in cases of chronic, indolent, and varicose ulcers, syphilitic or otherwise, which are known to every practitioner, and are a source of annoyance to the patient and his friends, from their offensive discharge. I employed a village carpenter to make the box I used. It is constructed of well-seasoned wood, the bottom, or floor, consisting of three layers about an inch apart from

one another, the outer one, of stout sheet zinc or tin plate, is that against which the flames of the spirit-lamps impinge; the middle is of perforated zinc, and above that a wooden floor, also perforated by numerous holes. The apparatus is placed on the bed, and the limb put in it by lifting the two lids which are perforated by holes for the escape of hot air and vapor; the spirit-lamps two or three in number, are lighted, and the temperature is quickly raised within the box to as great a height as can comfortably be borne by the patient, and maintained for two hours, the process being repeated morning and evening.—Sprinkling the inside of the box with an ounce or so of terebinte is of value in neutralizing the offensive smell from a large ulcer, and also probably contributes to the stimulative effect of the hot air. In syphilitic cases calomel may be vaporized by sprinkling on zinc floor above the lamps. Before placing the limb in the box I well wash off as much purulent matter as possible with a syringe and a solution of boracic acid. After removal from the box I apply a piece of lint cut to the shape of the wound, but a quarter of an inch smaller, and soaked in a saturated solution of boracic acid, and either no bandage or just enough to keep the lint in place. I need hardly add that the rapidity of healing will be greatly accelerated if the patient will maintain the horizontal position entirely during the treatment; in other words, keep his bed or sofa. I have found large chronic ulcers of many years' standing heal rapidly under this process, and the limb remain sound and useful for years with the help of an elastic stocking or bandage. I think both Mr. Kesteven's experience and my own go to prove that in heat we have a manageable as well as powerful stimulant which is undeservedly neglected in treating the class of cases referred to."—*Medical Record*.

DIED of an overdose of reconstruction!
A good epitaph for a dead Congress.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from June 28, 1885, to July 3, 1885:

Capt. F. C. Ainsworth, Assistant Surgeon, relieved from duty at Hdqrs's Dept. Mo. (S. O. 93, Dept. Mo., June 26, '85.) *Capt. B. D. Taylor* Assistant Surgeon, assigned to duty at Little Rock Bks., Ark. (S. O. 139, Dept. East, July 1, 1885.)

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÄ."

SATURDAY, JULY 18, 1885.

Original.

CROSS-EYES.*

BY R. MAUPIN FERGUSON, M. D.

*Lecturer on Ophthalmology, Otology, and Laryngology, in
the Louisville Medical College, Surgeon to
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Louisville City Hospital.*

Cross-eyes is a symptom of some abnormal condition, whereby vision is interfered with so as to produce indistinct vision, or which causes vision to be attended by some unusual difficulty. It is in the effort to obtain relief from these disturbing difficulties that the condition called cross-eyes usually occurs.

Paralytic deviation we do not propose to discuss at all at present. In cross-eyes the visual lines (lines drawn from object to the yellow spot) cross somewhere between the eye and the object viewed, whereas in normal vision they only cross in the object regarded.

On close examination it has been found that the cause of the deviation in divergent strabismus and in convergent strabismus, or cross-eyes, differs greatly. As a rule divergent strabismus is associated with near-sightedness while convergent strabismus is associated with far-sightedness. There are, however, some rare cases of strabismus for which no rational cause can be assigned, as those cases with E.

Before proceeding farther it is well to recall a few points with regard to the physiology of sight. In looking at any object, be its distance what it may, two things are essential, the visual lines must be directed to the object and the eye must be accurately focussed for the distance at which the object is situated.

If both eyes are not directed toward the object we have double vision, if the eye is not focussed for the distance we have in-

distinct vision. In looking at a distance all that is necessary for the normal or emmetropic eye is to turn the eyes toward the object, and then with a perfect relaxation of the muscles of convergence and total relaxation of the muscle of accommodation accurate vision is attained. Thus it is evident that the normal eye in looking at a distance is in a perfectly passive state, there being on accommodation and no convergence.

In looking at a near object, in order to bring the visual lines directly on the object, it becomes necessary for the eye to converge or turn inward, and at the same time it must be focussed for the distance at which the object is located. There is a very intimate relation between these two functions. Thus if the object be placed at one meter distance, the eyes must converge until they are directed toward this point, and this amount of convergence is called one-metric angle of convergence. At the same time the eye must accommodate for an object distant one meter and this amount of accommodation is called 1 D.; 1 D. being the strength of a lens whose focal distance is 1 M.=about 40 inches, 20 D., one whose strength is twenty times as strong, or $\frac{1}{20}$ M.=05 C. M. Thus we will find 1 D. of accommodation associated with 1 M. angle of convergence, 2 D. of accommodation associated with 2 M. angles of convergence, 15 D. of accommodation with 15 M. angles of convergence, etc.

The nearer the object approaches the greater will be the accommodation and the greater will be the convergence, both being in inverse proportion to the distance.

These two functions are so intimately related that accommodation for a given distance is unconsciously accompanied by a strong tendency to converge for the same point, and *vice versa*.

Now let us examine into the mechanism of sight when the eye is far-sighted. In this condition the eyeball is so short that

*Read before the Kentucky State Medical Society, at Crab Orchard, June 26, 1885.

an object even at an infinite distance can not be focussed on the retina, but the focus falls behind the retina, rendering a contraction of the accommodative muscle necessary to bring the focus so far forward that it falls on the retina.

Suppose there be 5 D. of far-sightedness, that is, that a convex lens of 5 D. (focal distance, 20 C. M.) must be added to the eye to bring the focus on the retina, then instead of this eye being perfectly relaxed it must accommodate 5 D. even when looking in the distance.

The far-sighted eye is thus always at work, for even looking off into infinite space is an active process.

As we have already seen, accommodation of 5 D. is normally accompanied by convergence of 5 M. angles; but if this relationship be maintained in this case we will have the eye focussed for the distance, but directed to a point much nearer, that is we have cross-eyes. The same thing holds good when we observe an object close to us, and the closer the eye the greater the disturbance of the relationship between the two functions.

Take, for instance, the preceding case of H. 5 D., and let the eye regard a point situated, say at 3 M. distance, then it will become necessary for this eye to accommodate 5 D. to adapt the eye for the distance, and 3 D. more to adapt the eye to the situation of the object, making a total of 8 D., and this must be associated with only 3 M. angles of convergence instead of with 8 M. angles, as would be the case in the normal eye. Thus, instead of having the normal relationship of 8 D. of accommodation with 8 M. angles of convergence, 2 D. of accommodation with 2 M. angles of convergence, etc., we may have such abnormal unions as 8 D. of accommodation with 2, 3, or 4 or any number of M. angles of convergence.

It will thus be seen that H. or far-sightedness produces a great disturbance of this intimate relation between the two functions of accommodation and convergence. In fact, it causes a constant war to be carried on, and if the accommodative power comes off victorious we have crossed eyes; whereas, if the converging power is victorious, vision becomes indistinct.

In that condition where the two eyes are not of equal refractive power, anisometropia, as it is called, this relationship is still more deranged. In this condition we may have the one eye normal while the other may be H. 6 D., or we may have the right eye H.

12 D. and the left eye H. 3 D., or, again, we may even have the right eye M. 6 D. and the left eye H. 4 D.

Take, for instance, the suppositious case where we have the right eye H. 12 D. and the left eye H. 3 D., and let these eyes regard an object situated at a distance $\frac{1}{4}$ M. (25 C. M.=about 10 inches) and we will find that in order to get distinct vision the right eye would have to accommodate 16 D. and the left eye only 7 D., whereas both eyes would have to converge 4 M. angles, while normally the 16 D. of accommodation of the right eye should be associated with 16 M. angles of convergence, the 7 D. of accommodation of the left eye with 7 M. angles of convergence, and 4 M. angles of convergence should be associated with 4 D. of accommodation in each eye.

There is but one possible way to obtain accurate vision under such circumstances, and that is for the person to learn to disassociate the two functions; unless this is done he must either suffer with cross-eyes or indistinct vision.

Any thing which tends to lessen the value of binocular vision, that is, vision where a perfectly distinct image falls on the yellow spot of each eye, may give rise to a powerful tendency to squint. This is also another reason why a person whose two eyes are not alike may have cross-eyes, for in this case he must of necessity always have an indistinct image in one eye. Sometimes astigmatism may render the image of one eye so much inferior to that of the other eye that its disturbing influence in binocular vision causes the eye to deviate so that the image will fall on some eccentric portion of the retina.

Another, and unfortunately a very common cause of strabismus is the presence of opacities of the cornea from burns, injuries, ulcers, phlyctenulæ, etc., and these act in the same way that astigmatism does, in rendering the image very indistinct and distorted. It is possible that in some cases the burn may directly affect the muscle or tissue surrounding the neighborhood of the tendon in such a way as to produce a shortening in the cicatrization which would necessarily follow.

There is more or less danger of cross-eyes occurring whenever there is a decided difference in the visual acuity of the two eyes, whether this difference be produced by some error of refraction or by corneal opacity.

Various other causes, or rather predisponents are mentioned; such as excessive or deficient size of muscles, peculiarity of at-

tachment of muscles to the eyeball, anomalies of accommodation, muscular spasm, etc.

There is no doubt whatever that parents and friends attribute far too much importance to children wearing a feather in the hat and hanging over the eye, and to curls frizzes and bangs, dots in veils, etc., all objects so situated as to cause the child to look upward and obliquely at only a very short distance, as a cause. It is, however, possible that such causes may really have some slight tendency to develop the symptom where some disease as H., etc., is present.

It is not my intention to notice at all paralytic squint, as it is in reality a totally different disease, and its proper discussion would require too much space—entering into the details of cerebral anatomy, courses of various nerves, their deep origin, together with a consideration of the various cerebral, osseous, and other lesions capable of producing this symptom.

Children generally become cross-eyed about the fifth year—about that time when the accommodation begins to be more employed by learning to read, write, draw, etc. It is a very rare occurrence, if it occurs at all, for strabismus to be congenital.

At first squint is alternating, that is, at one time one eye is crossed and shortly after the other eye will be crossed. At this time sight is perfect in each eye.

After remaining alternating for a variable length of time it appears to affect one eye more frequently than the other, until finally either the right or the left eye becomes permanently crossed. It is generally the eye with the least visual acuity which deviates.

At first, whenever the eyes are crossed, there is double vision, that is, every thing appears double. This is so annoying that the patient soon learns in some peculiar manner to suppress the mental image, and henceforth only one eye, the good one, is used. From this time the sight in the deviated eye gradually diminishes, especially over the central portion of the retina, until finally the amblyopia may reach an extreme degree.

The practical test for determining the existence or non-existence of strabismus is to make the patient fix some object as, for instance, the finger held at a distance of from 12" to 18", and then alternately to cover first one eye and then the other. It is, however, much better to make use of some figure consisting of small dots or small letters, so that the accommodation will

be certain to be called into action. By this procedure it will be found, when the eyes are not crossed, that the uncovering of an eye produces no movement of readjustment, whereas, if there be any convergence, it will be found on uncovering the deviated eye that it makes a movement of readjustment, turning outward in order to look directly at the object.

With regard to the treatment the most essential requisite for success is a thorough knowledge of the subject in all its bearings. It will not do to cut the internal rectus every time we find a case of cross-eyes and then expect the eyes to be straight. He who adopts this plan will soon find his method of treatment highly unsuccessful. In many cases it would be absolute folly to attempt to operate, for, in all probability, the result would be merely temporary, or perhaps a deviation in the opposite direction.

Again, in many cases no operative procedure is necessary, and in such cases, although the treatment is very wearisome, still the result is the most perfect attainable. Besides this an operation always leaves more or less deformity, especially about the caruncle. The operation when performed by one thoroughly conversant with the subject is eminently successful.

There is no single procedure which should be adopted in all cases of cross-eyes, but each case must be carefully studied, and then that treatment which promises the best results under the circumstances should be instituted, always paying special attention to the cause of the disease.

If the strabismus be associated with hypermetropia, we should never neglect giving glasses completely neutralizing the H., for by so doing we re-establish the normal relationship existing between the functions of accommodation and convergence. Thus, if there be H. 5 D., and the eyes regard a point situated $\frac{1}{3}$ M. distant, by neutralizing the hypermetropia we have for the distance no accommodation and no convergence, and in looking at the object at $\frac{1}{3}$ M. distance we have 8 D. of accommodation associated with 8 M. angles of convergence which is the normal relationship.

In some cases where the strabismus is not of long duration, where it is still alternating and where no decided amblyopia as yet exists, this alone will suffice to cure the case of cross-eyes. This cure with glasses is, however, generally a very tedious affair, as the glasses must be worn constantly, else more harm may be done by working with-

out the glasses for a few hours than weeks of treatment may suffice to overcome. The glasses must be put on the first thing in the morning and worn constantly during the entire day. In some cases it will be found necessary to use even over-correcting glasses. Very frequently it will be found impossible to give more than sufficient to correct the manifest hypermetropia.

In case there be any astigmatism present this should always be fully corrected.

When the refraction of the two eyes differs it is impossible to give any fixed rules as to what glasses should be given. In some cases the proper neutralizing glass for each eye may be given, but more frequently when there is much difference between the two eyes they will be rejected, and in such cases we must do the best we can under the circumstances.

In case our efforts to cure the disease by means of glasses be successful, it will not do to leave them off immediately, but rather must they be worn for some time, for two or three years generally, and frequently for life.

However, hypermetropics, even where there is no strabismus, would require glasses much earlier than usual. In some cases it is well only to use the glasses for near vision.

In some cases it appears that the cause of the trouble is a weakness of the muscle of accommodation, and hence it requires a much greater effort to accommodate for a given point, and this increased effort is accompanied by an increased convergence.

In such cases, and in many others, especially in the beginning, the daily use of atropine, as recommended by Green, of St. Louis, for the purpose of completely paralyzing the accommodation, will be found successful.

If this method be combined with the use of glasses, it is still more serviceable.

One or two drops of a solution of atropine, two grains to the ounce of water, should be dropped into the eye and kept up for weeks, or even months.

The treatment with atropine and glasses is especially adapted to cases of alternating squint in the young, and it is frequently well to begin treatment in this way, only proceeding to an operation when their inutility has been demonstrated.

Eserine, a drug whose action on the eye is diametrically opposed to that of atropine, has also been recommended, and though it has not been used extensively, yet there is a certain amount of testimony in its favor.

The theory on which it is used is that a certain number of cases of strabismus are due primarily to excessive convergence of the visual lines, and if the accommodative action be augmented in the same ratio, the strabismus must disappear.

It is recommended to use one or two drops daily of a solution of one or two grains to the ounce of water. Its effects are soon obvious, so that, if not soon successful, it is useless to persist in its use.

Another method of treatment is that by exercising the deviated eye.

It must be remembered that after the eyes have been crossed a short time double vision disappears. This being the case, the first thing to do is to re-establish the double-vision, so that the patient may be made aware of the false position of his eyes, and be led to make some effort to overcome this faulty position. This may be done by putting a red glass before the good eye and then directing the patient to look at a flame, every now and then covering the good eye entirely. In this way we will frequently enable the patient to discover the two images. Having succeeded in doing this, we try to reunite these two images into one by means of a prism, and then they are brought close together and the patient is taught how to reunite them himself. Gradually weaker and weaker prisms are used, until finally they are enabled to get binocular vision without prisms, at first for the distance, and afterward for close vision.

The same thing may be accomplished by means of the stereoscope.

If these means fail, or are not thought worthy of trial, we must proceed to the operation.

The operation for strabismus is too well known to require any description here. One thing, however, should always be borne in mind, and that is, that we do not wish to divide the internal rectus muscle, but only to separate the tendon of the muscle from its insertion in the sclera. The most important point about the operation is to properly dose the effect. Whether we must operate on only one internal rectus, or also on that of the opposite eye, depends not on whether the strabismus affects one eye only, or both eyes, but solely on the amount of deviation. If separation of both internal recti from the globe does not suffice, we may proceed to do an advancement of one or both external recti. This is an operation whereby the tendon of the external rectus is severed from its connection, and then

brought forward by sutures, so that it will take a new and advanced insertion. Small amounts of deviation, either internal or external, may be remedied by the insertion of a suture in the conjunctival wound, or by an enlargement of the wound.

After the wound caused by the operation has healed, and all has been done that can be done, we may still at times remedy any slight deviation by means of exercises with prisms.

Another point, which should never be lost sight of, is the fact that we are not only to relieve the cross-eyes, but must also preserve binocular vision if possible.

The first is far more frequently attained than the latter, yet no case can be said to be perfectly successful in which binocular vision is lost.

By the aid of that wonderful drug, muriate of cocaine, our endeavors to correct this deformity are greatly assisted. As the operation is most frequently done on children, and as it is really quite a painful operation, it was generally necessary to use chloroform or ether as an anesthetic. Just at the time when the patients came out from under the drug, it was a very frequent occurrence to find the eyes apparently straight, but a few hours afterward we would find some sort of a deviation present. In fact, the effect of these anesthetics was very disturbing indeed. Now, fortunately, all this trouble is done away with by the use of muriate of cocaine. A drop or so in the eye every five minutes for half an hour or so will render the eye completely anesthetic, so that the operation is accompanied by very little pain, or none at all. This absence of pain with the retention of consciousness is a vast benefit, and renders the operation in every way so much more satisfactory that it is hard to keep from saying more on the subject, notwithstanding the fact that the Society has already heard so much. Its introduction has been an inestimable boon to mankind.

LOUISVILLE, KY.

THE British Medical Journal states that the American Journal of the Medical Sciences will be published in England and America simultaneously after January, 1886. Dr. Hays will continue as the American editor, Dr. Malcolm Morris being the English editor. It is to be called the International Journal of the Medical Sciences.

Miscellany.

THE ATMOSPHERICAL RELATIONS OF FIBRINOUS PNEUMONIA.—Dr. George A. Seibert read a paper before the New York County Medical Society (Medical Record) on the atmospheric relations of fibrinous pneumonia. The results of those observations were embraced in the following conclusions:

1. The origination of fibrous pneumonia is greatly favored by certain meteorological conditions, thus explaining the difference in the frequency of its occurrence during the twelve months of the year.

2. A low or falling temperature, a high or rising humidity, and high winds, are each one capable of exerting this influence.

3. If two of these weather constituents are found together, high wind and cold air, or falling temperature and high wind, etc., more cases of pneumonia occur than when either atmospherical condition is found alone.

4. If these three constituents are found together, then the frequency of pneumonia will be found astonishing.

5. The frequency continues to follow as long as these conditions prevail.

6. The same meteorological influence is found to originate bronchial catarrh, and the existing catarrh predisposes to fibrinous pneumonia.

THE INTERNATIONAL MEDICAL CONGRESS AND THE MEDICAL PROFESSION OF BALTIMORE.—In consequence of the dissatisfaction caused by the recent action of the new Committee on the Organization of the Ninth International Medical Congress, the subjoined paper has been signed by those whose names are appended:

WHEREAS, The new Committee on the Organization of the Ninth International Medical Congress, at its recent meeting, held in Chicago, made such changes in the arrangements for the Congress as, in our opinion, will mar its success, and will prove injurious to the interests of the medical profession; it is therefore

Resolved, That we, the undersigned, disapprove of the action of the committee, and decline to accept the positions to which we have been appointed under it:

I. E. ATKINSON,	RICHARD MCSHERRY,
S. C. CHEW,	F. T. MILES,
JULIAN J. CHISOLM,	ALAN P. SMITH,
CHRIST'R JOHNSTON,	SAMUEL THEOBALD,
WILLIAM LEE,	L. McLANE TIFFANY,
JOHN N. MACKENZIE,	H. P. C. WILSON.

THE INTERNATIONAL MEDICAL CONGRESS AND THE MEDICAL PROFESSION OF BOSTON. At a meeting held in the Medical Library Building, in Boston, on July 2, 1885, the following preambles and resolution were unanimously adopted:

WHEREAS, We had been led to believe that the authority to organize and control the Ninth International Medical Congress had been permanently delegated by the American Medical Association to its original committee, thus providing against any radical changes in its published programme; and

WHEREAS, The American Medical Association has revised the action and annulled appointments of that committee in a way which we regard as detrimental to the interests of the medical profession of America, and fatal to the success of the Congress; therefore, be it

Resolved, That we, the undersigned, members of the medical profession in Boston and vicinity, concerned in the organization of the Ninth International Medical Congress, decline to hold any office in said Congress as now organized.

ROBERT AMORY,	R. H. FITZ,
G. M. GARLAND,	THOMAS DWIGHT,
H. P. BOWDITCH,	C. J. BLAKE,
R. T. EDES,	J. C. WARREN,
J. J. PUTNAM,	O. F. WADSWORTH,
FRANCIS MINOT,	S. J. MIXTER,
J. R. CHADWICK,	F. I. KNIGHT,
C. F. FOLSOM,	G. H. LYMAN,
HASKEY DERBY,	JACOB L. WILLIAMS,
S. G. WEBBER,	H. W. WILLIAMS,
T. M. ROTCH,	H. P. WALCOTT,
T. FILLEBROWN,	J. ORNE GREEN,
E. WIGGLESWORTH.	

DEATH CAUSED BY A PURGATIVE IN A CASE OF INTESTINAL OCCLUSION.—An interesting case of death following the administration of a dose of castor-oil has been reported by M. Nicaise to the Clinical Society of Paris. The patient, a man forty-five years of age, had a narrowing of the small intestine following a strangulated inguinal hernia, which was operated on in 1875. There were recent digestive troubles, vomiting, and intestinal colic, but the stools were regular and appetite good. Following a dose of one ounce of oil were symptoms of obstruction of the bowel, with rapid collapse and signs of failure of vital powers. Acting upon the idea of the existence of a stricture of the small intestine following the hernia, laparotomy was performed, but no constricting band was found. Enterotomy was then performed, and the contents of the distended intestine allowed to escape. The patient died four days later. There was no peritonitis and no effusion. A pouch-like dilatation of the small intestine was found just above the constricted portion, the communication be-

tween the two portions being not at the bottom, but to one side, in such a way that the increased muscular contractions, and excessive secretion under the influence of the purgative, had compressed the opening into the constricted portion and produced complete occlusion.

This case demonstrates the danger of purgatives in intestinal obstruction, and the necessity of prompt resort to operative measures for relief. The utility of washing out the stomach in such a case appears very evident.—*Medical Times*.

THE ACTION OF WARM WATER UPON THE GRAVID UTERUS.—Auvard (*Bull. gén. de Thérap.*) reports the result of a number of observations made for the purpose of determining whether warm vaginal injections could be used with safety during pregnancy, and whether they had any influence upon the course of labor. He decides that water at a temperature 48° C. (=118.4° F.) does not cause uterine contractions, if injected slowly and gently into the vagina. Kiwisch's results with injections of warm water for the purpose of inducing premature labor must, therefore, the author thinks, have been due either to the violence of the treatment, or to the fact that other means were employed in addition. If these injections are practiced every half hour during the first stage of labor, the os dilates rapidly and with less pain than when they are not used.—*Cincinnati Medical News*.

It has been discovered, by experiments with dogs placed under the influence of morphia even to coma, that the hypodermic injection of solution of theine is an almost instantaneous antidote, neutralizing the effect of the narcotic and reviving the animal after the action of the heart has become imperceptible. Caffeine possesses similar properties, but is less immediate in its operation.

THE officers for the ensuing year of the New York Dermatological Society, elected at a recent meeting, are as follows: President, Dr. W. T. Alexander; Treasurer, Dr. E. B. Bronson; Executive Committee, Dr. A. R. Robinson, Dr. Geo. H. Fox, Dr. P. A. Morrow.

NOT a soldier in the Prussian Army has died of smallpox since 1875; this immunity is undoubtedly due to the strictness with which vaccination is enforced.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

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WIT AND HUMOR IN MEDICINE.

About one year ago Dr. Erichsen, of Detroit, Mich., gathered into a compact volume the numerous poetical effusions relative to medicine which had been floating about in our medical journals during the last quarter of a century. Some of these rhymes are of high poetical merit, and many of them sparkle with wit which would not be thought unworthy of our celebrated humorists. The work attracted the favorable attention of our medical editors, who complimented it without stint, and with the effect, we hope, of causing it to have free circulation among the profession, where it must find a host of appreciative readers.

This year the profession is again laid under obligation to Dr. Erichsen for putting in permanent form the London Medical Student,* a wonderful picture of human nature as it takes color from college life and hospital service in the English medical student.

The London Medical Student, about forty

*The London Medical Student and other Comicalities, Selected and compiled by Hugo Erichsen, M. D., recently Professor of Neurology in the Quincy School of Medicine, Medical Department of Chaddock College, etc. 12mo, pp. 207. Detroit, Mich.: Detroit Free Press Printing Company.

years ago, appeared originally as a serial in Punch. At that time five world-renowned wits and writers, namely, Hood, Dickens, Thackeray, Mark Lemon, and Douglas Jerrold were in their prime, and as editors of or contributors to Punch gave this exponent of fun and ventilator of shams some of their best work. The articles in question made a sensation in the literary as well as the medical world, and when complete the work was voted a classic in humorous literature; but, strange as it may appear, the author neither avowed it nor left any clue beyond the internal evidence of style by which he might be known. This would seem to have been sufficient, but in the *denouement* it has proved not so, since, after much study and controversy, the most that can be said is that one of the celebrities here mentioned must have written it. We believe that the majority of critics attribute the work to Douglas Jerrold; but Dr. Erichsen believes, from certain striking analogies of style in the texts of the Pickwick Papers and the London Medical Student, that Charles Dickens was its author. If, however, we may have our humble say, we should opine, after comparing the text with that of Mr. M. A. Titmarsh, in the Paris Sketch Book, that no one but Thackeray could have been responsible for the conduct and conversation of these jolly young worshipers at the Esculapian shrine, which the book embalms in immortal memory. Here is work for some master in comparative criticism, and when he completes his difficult task we shall not be surprised to find that all five of the above named worthies had their fingers in the pie.

The authorship may remain a mystery, but the London Medical Student will be read with unabated interest so long as the sense of humor lingers in the human breast, and the tragi-comic exigencies of medical student life continue to illustrate every side of human nature.

Last summer, when it became known that a young physician of St. Louis* was

* Dr. Julius Wise.

collecting materials for a "Cyclopedia of Medical Wit and Humor," an old and grave contemporary announced the fact, with the remark that there was no wit in medicine. But doubtless the author of this statement had been soured in early life and still retained his acid reaction. Mayhap he was a contestant for a prize (which he did not get) during his student days, and, being too much absorbed in the cold materialism of science, could find no time to unbend with the rollicking boys in the intervals of lecture hearing and study.

It is probable that there is no one among our readers, be he old or young, who does not ruminate with relish upon many mirth-provoking reminiscences of his college-life, and has not laid up a good store of comic incidents, which have since marked his checkered way. It would be contrary to psychic laws and human experience, if the often heavy burdened soul of the physician did not find relief in wit and humor, and solace in his own and others' ridiculous or absurd experiences.

In attestation of this truth, one need but keep open ear whenever doctors meet in social and sometimes scientific convocation, or see, when a *bon mot* or funny incident comes to the surface in any one of our many medical journals, how soon it is given free circulation in all, or note the enviable popularity with his professional brethren of any physician whom nature has endowed with ready wit.

In the latter part of his book Dr. Erichsen gives us, under the title of "Medical Anecdotes and Funny Saying and Doings of Medical Men," some old-time jokes and humorous sketches, blended with much of the floating wit and humor which has adorned the medical periodical literature of the last decade.

The profession in America will thank this benefactor of the guild for floating his lightsome craft with its crew of jolly elves adown the stream of these troublous times. We heartily commend it to all physicians who have failed during the spring and sum-

mer to get or keep office in the Government's Medical Departments, or find that their names have not been added to the lists of the officers, councils and committees of the great reconstructed International Medical Congress.

Bibliography.

Clinical Studies on Diseases of the Eye: Including those of the Conjunctiva, Cornea, Sclerotic Iris and Ciliary Body. By Dr. FERDINAND RITTER VON ARLT, Professor of Ophthalmology in Vienna. Translated by LYMAN WARE, M. D., Surgeon to the Illinois Charitable Eye and Ear Infirmary, Ophthalmic Surgeon to the Presbyterian Hospital, etc., Philadelphia. P. Blakiston, Son & Co. 1885. Price, \$2.50. 8vo, cloth. For sale by John P. Morton & Co.

The author of this able work has been the leading teacher in German ophthalmic science for nearly half a century, his contributions to the subject being many and of high value. Much may, therefore, well be expected of a work from his masterly hand. The author's avowed object in preparing the work is to give the "physicians engaged in general practice a book of reference which they may consult." And while accomplishing this easy task he has also made a book invaluable to the specialist. Wherever ophthalmology is studied, Arlt's teachings are known and felt.

The work begins with an able and elaborate study of the diseases of the conjunctiva. Next comes corneal diseases and diseases of the sclerotic.

The most interesting chapters are those upon diseases of the iris and ciliary body. Sympathetic cyclitis, he says, is always "induced by a cyclitis in the other eye," and that this occurs only when the "inflammatory process is still active or has been rekindled" in the exciting eye. He admits that cases are rare in which the sympathetic affection has led to increased tension (glaucoma), but nevertheless regards this ultimatum as well established, upon the testimony of Von Graefe.

The absence of illustrations in the work will be regretted by the student, but the practiced reader will not miss the pictures under the clear unfoldings of the text.

The translator has done his part with justice to the German text and the English reader, and the publishers issue the work in a most elegant form.

J. M. R.

Deviation of the Nasal Septum. By J. W. Gleitsmann, M. D., Instructor in the New York Polyclinic, etc. From the American Journal of the Medical Sciences, July, 1885.

Third annual Report of the Provincial Board of Health, of Ontario, being for the year 1884. Printed by order of the Legislative Assembly. Toronto: "Grip" Printing and Publishing Company. 1885.

Laryngeal Hemorrhage. By J. W. Gleitsmann, M. D., Surgeon to the German Dispensary and Assistant to the Polyclinic, New York. Extracted from the American Journal of the Medical Sciences, April, 1885.

Does Quinine abort Pneumonia? By L. Emmett Holt, A. M., M. D., New York, Physician to the Northwestern Dispensary, Instructor in the Polyclinic, New York. Reprinted from the New York Medical Journal, February 21, 1885.

Hints on Digestion. A brief resume of the latest physiological investigations, from various English, American, French, and German physiological writings. New York Pharmacal Association. Nos. 10 and 12 College Place, New York.

Pneumonia in Young Children. By L. Emmett Holt, A. M., M. D., Attending Physician to the Children's Department of the Northwestern Dispensary, Instructor in the Polyclinic, New York. Reprinted from the Medical Record, February 14, 1885.

History of the Clamp Suture of the late Dr. J. Marion Sims, and why it was abandoned by the profession. By Nathan Bozeman, M. D., Surgeon to the Woman's Hospital, New York. Reprint from volume ix, Gynecological Transactions. 1884.

Spinal Irritation as an Orthopedic Factor, with Remarks on its Treatment. By Geo. W. Ryan, M. D., Cincinnati, Ohio, late Senior Assistant, Hospital for Ruptured and Crippled, New York. Reprinted from the Cincinnati Lancet and Clinic, June 20, 1885. This article is suggestive, learned, logical, and clear. It throws some direct light on a dark and puzzling question in pathology, and develops an admirable scheme of treatment. Dr. Ryan is destined to achieve fame in his well-chosen specialty.

The Diaphragm and its Functions: Considered Specially in its Relations to Respi-

ration and the Production of Voice. By J. M. W. Kitchen, M. D. "The Voice," First Prize Essay. Edgar S. Werner, Publisher, Albany, N. Y. Flexible cloth, \$1 net, postpaid.

An Introduction to the Study of the Compounds of Carbon or Organic Chemistry. By Ira Remsen, Professor of Chemistry in the Johns Hopkins University. Boston: Published by Ginn, Heath & Co. 1885. For sale by John P. Morton & Co.

The Ten Laws of Health; or, How Diseases are Produced and Prevented, and family guide to protection against epidemic diseases and other dangerous infections. By J. R. Black, M. D. 8vo, pp. viii and 413. Philadelphia: J. B. Lippincott Company. 1885. Price, \$2.00. For sale by John P. Morton & Co.

Medical Society of the State of Tennessee Transactions. 1885. Committee of Publication, T. A. Atchison, C. S. Briggs, J. H. Chandler, Deering J. Roberts. C. C. Fite, Chairman and Secretary of the Society, Nashville, Tenn. Nashville, Tenn.: Hasslock & Ambrose. 1885.

The next meeting of the Society will be held in Memphis on the first Tuesday in April, 1886.

A treatise on Practical Chemistry and Qualitative Inorganic Analysis, adapted for use in the laboratories of colleges and schools. By Frank Clowes, D. Sc., London, Fellow of the Chemical Societies of London and Berlin, Fellow of the Institute of Chemistry, Professor of Chemistry at the University College, Nottingham. With illustrations. From the fourth English edition. 12mo, pp. xiv and 376. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

A treatise on the Science and Practice of Midwifery. By W. S. Playfair, M. D.; F. R. C. P.; Physician-Accoucheur to H. I. and R. H., the Duchess of Edinburgh; Professor of Obstetrics in King's College, London, etc. Fourth American from the fifth London edition, with notes and additions by Robert P. Harris, M. D., with three plates and 201 illustrations. 8vo, pp. xxiv and 663. Cloth, \$4.00; leather, \$5.00; half russia, \$5.50. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

In cases of fever it is becoming the fashion to treat, not the affection itself but the hyperthermia, which is only one of its symptoms. Professor Grasset, of Montpellier, is using his efforts to counteract this tendency, and, in protesting against the too great generalization of the application of the so-called antipyretic or antithermic remedies, he stated at a public lecture that it was anticlinical to always seek to combat fever, adding that it was not sufficient, in treating a patient, to put a thermometer in the axilla or in the rectum, and as soon as it has been ascertained that the body temperature has passed a certain degree to administer a tepid bath or antipyrine. Fever, he said, was an element like the others, which constitutes of itself an indication in certain cases, in certain others it is indifferent, while in others again, it ought to be carefully respected, not to say even provoked. Professor Grasset, who is a vitalist, remarks that this idea is not inconsistent with the teaching of the positive and experimental school, which has arrived at the same conclusion. Within the last fifty years, volumes have been written to show that fever, whatever its form or character, is the enemy that should be dealt with, and against which all our energy should be always directed. At the same time the development of thermometry has more and more identified fever with one of its symptoms, hyperthermia, and then it was said that means capable of lowering the body temperature should be employed each time that the thermometer rises above the normal figure; the consequence is that the antithermic arsenal has been considerably added to, from quinine and cold baths to resorcine and antipyrine. But the great discoveries that have been made in the domain of etiology and the knowledge of microbes have commenced to modify all this in showing that fever is sometimes a means of defense of the organism against the parasitic enemy, that is to say, something useful, something salutary, which should not be at any price combated. Thus it may be seen that "curative fever" is now being resuscitated and regenerated.

Another dogma of the experimental school, which has commenced to be shaken from all sides, is that all the alterations of organs

found in infectious maladies would be due to hyperthermia. Naunyn and other eminent authors, such as Walther, Obermeier, Lehmann, Cohnheim, Von Recklinghausen, have combined to protest against this principle. That which proves notably that cerebral phenomena are not simply a consequence of temperature is, that in many maladies with high temperature, like recurrent fever for instance, they are almost never found, and that in other diseases there is no parallelism between the development and intensity of the symptoms, and even the degree of the hyperthermia. It has been noticed that certain therapeutic interventions have calmed the cerebral phenomena, and at the same time increased the temperature. Certain cases of typhoid fever, in which the fever is very mild or even nil, are a great deal more serious and pernicious than certain others of high temperature, etc. Many recent works have equally upset the idea that there is a constant relation between the thermic degree and the febrile waste of the body. Thus Simanowsky, of Munich, has shown that in certain fevers there is no modification whatever in the normal nutritive interchanges and in the physiological combustions. He attributed the hyperthermia in these cases to a diminution in the loss of heat experienced by the organism, and he has thus arrived at this conclusion that, if, in an infectious malady, the consumption of the organism in nitrogenous and non-nitrogenous principles increases, this is due not so much to the high temperature as to the infection itself, and that notwithstanding the great symptomatic resemblance that exists among the divers cases of fever, the pyrogenic process is not the same in all, and differs essentially in its intimate nature with one group of patients and another.

This, according to Professor Grasset, is the formula universally proclaimed by the clinical teaching of all times, and which the works of the German School appeared for a time to have obscured, viz., "Fever is only a symptom, or rather a syndrom; as such, it is not always and by its presence alone a source of indication; useful in certain cases (eruptive fevers, for instance), indifferent in others (normal pneumonia), it is injurious in many others (often in typhoid fever). It is in this last category of cases that the antipyretic medication finds its indications. And again, in these maladies (typhoid fever, for example) antipyretics should not be given to all the patients

in the same way as in diarrhea or pulmonary congestion. Fever may, by its intensity or its characters, furnish indication; it may also exact direct intervention, and finally, when in a malady of this order it is supposed that an antipyretic would be useful, the physician should carefully consider what agent would best suit each particular case; for digitalis, quinine, tepid baths, and antipyrine are not synonyms which may be prescribed indifferently to all, at the hazard of inspiration and of fashion." Thus, concludes Professor Grasset, may be seen the formula, rather complicated, it is true, but very clinical, which now resumes the limits and the difficulties of the antipyretic medication, and which is based at the same time on clinical experience, general pathology, and the most recent experimental researches.

PARIS, June 26, 1885.

Societies.

THE KENTUCKY STATE MEDICAL SOCIETY.

[CONCLUDED FROM PAGE 31.]

Proceedings of the Thirtieth Annual Session, held at Crab Orchard, June 24, 25, and 26, 1885.

[Reported by A. H. Kelch, M. D.]

Dr. J. A. Larrabee, of the Committee on Diseases of Children, after his introductory remarks, referred to the increasing evil of employing children in manufactories in this country; to the difference between practice among adults and among children suffering from the same diseases. Following these considerations he spoke much as follows on the subject of infant feeding:

The mortality among infants attempted to be reared independent of the mother is more appalling, and that despite every effort on the part of friends and nurses. In our institutions seventy to eighty, and in one report of an Infant's Foundling Hospital ninety per cent of those taken from mothers early have been lost. In an institution of this kind in Louisville, where mothers are taken with their babies and a gradual supplant of the breast is substituted, the mortality has not been over five per cent from all causes, and would be even less but for the waifs that are left in excess of our ability to supply wet-nurses. Certainly the lesson here is plain. Mother's milk, as supplied from the mammary gland to the nursing infant, is the only food, and further, no perfect substitute has been or ever will be invented. A few years ago it would have been difficult to find food for infants for sale at any place. Now such preparations are beyond numbering, and are offered for sale at any well-regulated grocery, and the sale of these preparations is, I am told, an increasing fea-

ture of grocery as well as drug business. We are therefore constrained to ask, Wherefore the cause? The result is already shown, but wherefore this increasing demand? Can it be that our women are losing the beauty and loveliness of their maternity? Can it be that an assumed inability is made an excuse for a non-performance of duties which compromise the health of both the mother and her offspring? The spectacle of Russian prisoners leaving St. Petersburg every few days, banished to the cheerless wilds of a cruel Siberia, excites the sympathy of the civilized world. Not more surely and certainly do they commence the slow death than does the infant banished from the warm, genial breast of its mother and condemned to travel the *via dolorosum* with a nursing-bottle and the latest novelty of infant food for companions.

Good and sufficient reasons often exist for artificial feeding. Then the best substitute for mother's milk is that from the cow. The excess of casein and its difficult coagulability constitute its chief obstacle. Cow's milk coagulates in immense curds, while mother's milk is seen in light flocculi. This is really the only difficulty to overcome. A mechanical admixture of some granulated substance often answers. Many do well on condensed milk, which is simply milk from the large dairies reduced to one-fifth its volume *in vacuo*, and sweetened, or claimed to be, with sugar of milk, and not cane sugar. In large cities, where the milk-supply is poor and inadequate, it is a great blessing, and it may be fed without change (unavoidable in hot weather with cow's milk) into lactic acid. The addition of barley water to condensed milk, in quantity to make the required bulk for feeding, meets several important indications. The introduction of digestive ferments has done much for these unfortunate infants, and a near approach to mother's milk has, by their addition, been already made.

There is one remaining consideration in the care and feeding of babies artificially, and, in the judgment of your committee, it has largely to do with the bad showing of infants' hospitals, as well as domestic practice. It is the fact that such infants are continually overfed. The estimate of the requisite quantity of healthy milk for a nursing infant is quoted often much higher than is true. The average amount of milk drawn from the mammary, if a healthy mother, by a healthy infant at birth is not over four tablespoonfuls, or an ounce and a half; this is, or should be, taken at first every two hours; later on, two ounces and three ounces may be supplied at intervals of three hours, and once at night—a part of this quantity being often regurgitated as superfluous. Compare this with the nursery bottle of artificial food as given every time the child cries, and we have sufficient cause for discomfort and disease. The infant actually grows poor with the labor of attempted digestion.

Cholera Infantum. This disease is one that calls still more loudly for a correct etiology from the profession. The want is not likely to be filled by papers written upon summer diarrheas, etc., so common in the journals of the day. Cholera infantum, if it means anything at all, means cholera in the infant, and is as totally distinct from diarrhea or summer complaint. It is to be regretted that so much has been written upon the treatment of this disease, and so little learned as to its

cause. Your committee is of the opinion that the investigation of the intestinal tract, and even the remarkable and recent developments of the microscope will prove less advantageous in this field of etiology than the same careful investigation of atmospheric and telluric influences. The analogy between choleraic conditions and intermittent fever of pernicious type, and both these with the results of toxic doses of antimony salts, should invite attention to the influence of the supposed poison upon the nerve center, by which the sympathetic is paralyzed, and the whole process of osmosis undergoes an immediate change. The disease is a neurosis, and is of the order of shock. The introduction of the term *thermal* in connection with some of the diarrheas so alarmingly fatal in summer months is correct, and carries the right meaning with it. It seems to be a modified form of sunstroke, in which the external temperature is greatly elevated and attended by profuse watery discharges from the bowels. The treatment indicated by this view has proved its correctness, viz., the use of cool or cold water sponging until the temperature is reduced and the diarrhea controlled. A choleraic diarrhea is also an accepted term, and applies to instances of putrefactive changes in the ingesta when the term fermentation would mean more. This, with inflammatory diarrhea or dysentery, always due to atmospheric influence, and rarely to ingesta, makes up the combination of "summer" complaints so common at this season.

The treatment of cholera infantum must be prompt and well directed to be effectual, and when so applied your committee has found it to be attended by results far more favorable than at first anticipated.

We should no more place medicine in the infant's mouth to be introduced into the stomach than we should think of attempting to stem the current of Niagara at Goat Island in a rowboat.

Hypodermic medication of the infant, with properly graded doses of morphia and atropia in cholera infantum has, in the hands of the your committee, been attended by such success as to warrant the recommendation. Many cases so treated were in the algid stages of cholera exhaustion. A single injection was sufficient to cause a halt in the osmosis and a reflux of blood to the surface, and in most of the cases a single injection constituted the only treatment. For the choleraic or fermentative diarrhea, with putrid odor of the discharges, the salicylate of lime in small and frequent doses has, in my hands, surpassed all other treatment. This very common and easily recognized form of "summer complaint" yields readily to salicylates, either soda or chalk.

The treatment found most successful in inflammatory diarrheas (infantile dysentery) has been to commence with saline evacuates, *e. g.*, Epsom or Crab Orchard salts or concentrated water in small doses, given in comp. infusion of rosemary with a drop of laudanum.

There is no time in life when diatheses and cachexiæ are of more importance than in early life, for it is at this stage, during growth and development, if at all, that they are to be modified or corrected by treatment. The skip of a generation in line of tendencies of inheritance may possibly be due to such care and treatment. Rheumatism, gout, scrofula, and syphilis, are still trunk lines in the avenues of disease, and next to the language

of disease itself demand of the child-doctor a constant remembrance. Many a child has been lost whose disease by nomenclature has been correctly treated, who would have been saved if the diathesis had been properly understood. The prevalence of syphilis as an inheritance of children is a matter which should excite public alarm. As we have stated, a nation is not stronger than the individuals who compose it; so this subtle poison, distilled throughout generations of men and women, is able to do more national disaster than all extraneous forces. It was not so much the power of the Vandals and the Goths thundering at the gates of Rome as her own luxurious effeminacy that led to her downfall.

The physician whose practice leads him most among children can best know of the extent and ravages of this fearful scourge, and being in reality a gleaner after the sickles, can best judge of the vaunted cures of the primary disease. As there are no laws regulating marriage as regards physical adaptability, so there can be no geographical or social limit to its consequences. In the palace of the rich, in the hovel of the poor, in the garb of priestly office, or the habiliments of the workshop, we stand ready to recognize the variable visage of the greatest enemy of man, which, like Cæsar's ghost to Brutus, says, "I'll be with you to the end." Of all domesticated animals man is the only one whose progress is left entirely to the caprice of affection, which is often misguided and sorely repented of. Scrofula and cancer will probably be found to be later and farther removes of the same disease—the great parent syphilis. The watchful practitioner is often put upon the trace of diathesis by the action of remedies. A familiar example is a child suffering from bronchitis. The case proves more than usually stubborn, the routine of valued expectorants has been run through; a few doses of calomel given to relieve the bowels, or a few grains of iodide of potassium in the mixture for cough, and presto! the secret spring is struck, the troublesome cough is at once relieved, and, under a continuation of the same, a most remarkable and rapid cure takes place. The practitioner, proud of his success, notes the same treatment for other cases of bronchitis, and no benefit whatever is obtained. The oculist under inspection of the eye, or the specialist in examination of the nose and ear, the dentist in examination of the teeth, may penetrate the secrets of past generations among the eruptive diseases. Measles and scarlatina have been the most prevalent in Louisville and vicinity, the former prevailing as an epidemic and the latter as endemic. Nothing new or important has been noted. The question of greatest interest to the community is the length of time which should elapse before those affected should be returned to their playmates or school-room. The opening of our schools each year is the signal for an outbreak for some of these exanthemata. No positive rule as to time ought to be given, as much depends upon the care of the individual's clothing and person. It should, however, be accepted that cases of scarlatina or measles having complications or continuance by reason of abscess, swollen glands, ulcerated throat, kidney trouble, etc., continue also to be infectious for a longer time than single cases. Whooping cough has proven so amenable to treatment by the leaves of cortanea that much of its terror has been lost. The paroxysms may

be markedly ameliorated by gargling or sponging the fauces with cider vinegar or bromide of potassium spray for local anesthesia. Chicken-pox follows whooping cough so frequently as to seem to be more than coincidental.

The speaker next spoke of the fevers of childhood, after which he gave his attention to croup and diphtheria.

This paper at its conclusion was discussed by Drs. Bailey, Scott, Thompson, Harwood, and others, after which the session for Thursday afternoon was brought to a close.

EVENING SESSION.

Dr. Orpheus Everts read *On Overwork as Related to Insanity*:

His apology for reading on this subject lay in the rapidly increasing public and professional interest in it. The etiology of insanity in general was then considered. But few persons, he said, are now brought to hospitals for treatment, who, if not too wild or too stupid to take notice of their surroundings, are not constantly assured by their friends that they have overworked, and must rest.

The subject was then systematized thus:

(a) What is work?

(b) What are the physiological relations of work to the organs and functions of the body?

(c) What are the pathological relations of work to living mechanisms, and their manifestations?

Work limited to the performance of appropriate functions within the range of structural integrity is physiological in its relations to structure, but whenever not so limited, alternated by rest and compensated for expenditure of force by renewals, its relations to structure become pathological.

An exhausted brain, if exhausted by performance of its own functions, voluntarily or in response to its own necessities, will cease to perceive, remember, or think, and become unconscious during a period of rest and recuperation, if not whipped or spurred by undue influences.

After reporting several cases illustrative of the relation of insanity upon overwork, the following conclusion was arrived at: While overwork, in its general sense, is a prominent factor in the problem of causation of diseases, some of which are manifested by mental disorder, overwork in the performance of mental functions is not a frequent or sole cause of such diseases.

Direct Herniotomy was the subject of a paper read by Dr. W. O. Roberts, of Louisville. He gave the clinical history of several interesting cases. The first was an irreducible entero-epiplocele, somewhat larger than a goose's egg. The man was operated on before the class of the University. After returning the reducible portion the sac was opened, and the irreducible part which was composed of omentum ligated and cut away. The pillows of the ring were then brought together. The wound was closed by deep and superficial sutures, and a compress bandage applied. In two weeks the patient was up, and in four weeks after operation was discharged, wearing a light truss.

The second case was one of strangulated inguinal hernia. He was seen twelve hours after strangulation took place, but refused operation. In eight hours more he consented to the operation, the condition, however, having changed very much for the worse. On opening the sac reddish fluid escaped, the intestine was found deeply congested, and the omentum gangrenous. The latter was ligated and removed, the intestines returned, a drainage-tube introduced, and the external ring closed. The bowels moved in a few hours, but the next day general peritonitis set in, and the patient succumbed.

The fourth case was one of irreducible femoral hernia, which was opened and returned with success.

In conclusion, it was maintained that the advisability of the direct method of operating in cases of strangulation can not be questioned, the advantages being:

1. The sac and hernial orifices are closed, and the contents can not descend during the healing process, as may happen when they are open, and serious inconvenience result from descent during coughing and vomiting.

2. The peritoneal cavity being closed, no blood can get into it from hemorrhage that might occur after the operation, nor can peritoneal fluid trickle into the wound.

3. The patient stands the chance of a radical cure without any additional risk.

Wounds of the Anterior Segment of the Eyeball was the subject of a paper read by Dr. J. Morrison Ray.*

Dr. W. Cheatham, of Louisville, read a paper on Neuro-retinitis Albuminurica. The address was illustrated at its close by means of transparencies prepared from cuts repre-

* Will appear in full in the Louisville Medical News.

senting the fundus of the eye in a great variety of conditions pronounced healthy and a few deviations from the standard, as in the disease under consideration. The appearance of the eye in descending myelitis was also described. Neuro-retinitis is a frequent complication of Bright's disease, especially of the cirrhotic proliferation of the connective tissue and fatty degeneration.

Dr. J. P. Thomas, of Pembroke, read an able report on the Progress of Pharmacy.

Dr. J. B. Marvin then read a paper on Primary Lateral Sclerosis of the Spinal Cord, exhibiting some illustrative microscopic sections.*

THIRD DAY.—FRIDAY.

A large part of this session was occupied with the appointing of committees and the hearing of reports; but little time was allowed for the reading of papers. Some of the most interesting numbers of the programme were read, but they were necessarily passed with brief comment.

Standing committees were appointed to report at the next annual meeting, as follows:

Practice of Medicine, P. B. Scott, M. D., of Louisville.

General Surgery, M. T. Scott, M. D., Lexington.

Surgery of the Genito-Urinary Organs, W. O. Roberts, M. D., Louisville.

Orthopedic Surgery, A. M. Vance, M. D., Louisville.

Abdominal Surgery, A. W. Johnstone, M. D., Danville.

Gynecology, Archibald Dixon, M. D., Henderson.

Obstetrics, J. W. Harwood, M. D., Shelbyville.

Ophthalmology, M. F. Coomes, M. D., Louisville.

Otology, J. Morrison Ray, M. D., Louisville.

Diseases of the Throat, W. Cheatham, M. D., Louisville.

Rhinology, J. A. Stucky, M. D., Lexington.

State Medicine, L. B. Todd, M. D., Lexington.

Practical Hygiene, Jos. N. McCormick, M. D., Bowling Green.

Vital Statistics, J. B. Marvin, M. D., Louisville.

Materia Medica, William Bailey, M. D., Louisville.

New Remedies, L. S. McMurtry, M. D., Danville.

Diseases of Children, J. A. Larrabee, M. D., Louisville.

Pathology, D. S. Reynolds, M. D., Louisville.

Necrology, H. Brown, M. D., Hustonville.

Diseases of the Rectum, J. M. Mathews, M. D., Louisville.

Delegates to the American Medical Association, William Bailey, J. P. Thomas, L. B. Todd, J. A. Larrabee, D. S. Reynolds, J. H. Letcher, J. M. Mathews, William Cheatham, F. C. Wilson, Horatius Mann, M. F. Coomes, J. N. McCormack, W. O. Roberts, L. S. McMurtry, Fayette Dunlap, R. C. McCord, O. D. Todd, A. W. Johnstone, J. B. Marvin, H. Brown, Edward Alcorn.

Delegates to the Ohio State Medical Association, J. H. Wade, M. D., J. D. Kincaide, M. D.

The application of Dr. J. M. Mathews for the office of Surgeon-General to the Marine Hospital Service received the unanimous indorsement of the Association.

Committee on Legislation, P. B. Scott, M. D., J. N. McCormack, M. D., Dr. Wagner.

Dr. J. W. Harwood stated that it had been impossible for him to prepare a report on Vital Statistics, since no record of them is kept in the State. It was therefore moved that the legislature be petitioned to enact a law requiring the registration in the county clerk's office of each county of an accurate report of all births, marriages, and deaths occurring in said county.

Mastitis was the subject of a highly interesting paper by Dr. J. G. Cecil, of Louisville.*

Dr. F. C. Wilson exhibited a number of instruments for tracheotomy, his object being to elicit discussion upon the relative value of such devices; but the subject could not be discussed for lack of time.

Dr. P. S. Conner, of Cincinnati, O., read a paper on Fractures of the Femur:

The frequency of its occurrence, the gravity of its often arising complications, and the rarity of its satisfactory repair, gives never-failing interest to the subject. Occasionally met with in middle life, possibly in childhood, it is one of the common accidents of old age. For this there is good anatomical reason in the increased brittleness of the bone, dependent upon senile rarefaction. The break may occur any where between the head and the intertrochanteric lines, the degree of obliquity depending in part upon the structure of the neck, but in great measure upon the direction of the breaking force. The literature of the profession is full of discussions, at times acrimonious, upon the subject of intra- and extra-capsular fractures, their relative frequency, differential diagnosis, and appropriate methods of treatment. But practi-

* Will appear in full in the Louisville Medical News.

* Published in our last issue.

cally all this is of little or no value. It is impossible to tell in a given case, except by inspection of the joint, whether the fracture is wholly or partly within or without the capsule. Owing to the anatomical relations of the capsule, all neck fractures are intra-capsular in front, but behind, some are and some are not, and, so far as the speaker knew, there is no way of determining during life which class of fracture he had to deal with. The wise course is to stop with the determination of the existence of a neck fracture and to treat all cases as if complete repair by bone might be expected.

The essayist then objected to the common explanation of the occurrence of ligamentous union on the ground of the deficient blood-supply to the upper fragment. If sufficient to maintain the health of the bone it should be sufficient for the requirements of repair. This, with the other explanation that there is present too much synovial fluid, can have little effect in preventing union. The all-important cause is want of proper apposition of the fragments and failure to keep them quiet, one or both. Best adapted to this end is the immovable dressing. This, to fully satisfy the requirements of the case, must embrace not only the thigh but the pelvis, or at least the half of it. And just here lies the difficulty in applying such dressings. The plaster-of-paris dressing is for many reasons the best, but this must be applied so as to exert no undue pressure on the region of the genito-crural furrow.

To properly apply it over the whole gluteal region and hold it there, requires an additional girdling of the upper part of the opposite half of the pelvis, or the carrying of the supporting dressing obliquely around the body across the opposite lumbar region.

Even if the immovable dressing is properly applied, there is always a chance that in consequence of wasting of the limb sufficient loosening will occur to permit some displacement of the fragments, to prevent which the weight and pulley treatment may be added.

Applied early, the immovable dressing saves the patient much suffering and permits, with safety, all necessary changes of position. From increasing experience the author has become convinced that by the careful application of this dressing we can secure better results with less trouble to our patients and to ourselves than in any other way, and he further believes that in a large proportion of cases recovery will take place with a limb of good functional value.

In conclusion it was suggested that perhaps, in the future, it will be clearly shown that the rare occurrence of bony union in the past has been simply because the fragments of the broken femoral neck have not been kept steadily in apposition, but have been allowed to separate and play upon each other so that only an imperfect ligamentous repair has been possible.

Dr. R. M. Ferguson read a paper on The Treatment of Cross-eyes. (See page 33.)

Dr. T. B. Greenly, of West Point, read a paper on Cholera, its Etiology and Mode of Propagation.*

*This paper will appear in full in a subsequent issue of the Louisville Medical News.

A modification of Hays' saw was exhibited by Dr. Vance for Dr. Coghill, of Paducah.

The report of the permanent Secretary indicated an unabated interest in medical matters throughout the profession of the State. The statement was also made that owing to some oversight the amount of \$100, appropriated at the last meeting to the Sims' monument fund, had not yet been paid.

A communication was read in full from the Secretary of the American Medical Association, asking the co-operation of this Society in securing the passage by the State legislature of the bill framed by the committee appointed by the National Association and providing for the appointment of a State board of medical examiners. This was referred to a special committee.

A communication was read, also, from the Committee on the Collective Investigation of Disease of the American Medical Association, asking that a committee be appointed to co-operate with that committee.

A communication from the Association of Superintendents of Asylums for the Insane, recommending the adoption of measures for the prevention of the immigration to this country of the so-called infective classes of society was read and referred to a special committee.

The report of Committee on Nominations was next heard, recommending the following:

President, J. P. Thomas, M.D., Pembroke.

Senior Vice-President, J. A. Shirley, M. D., Winchester.

Junior Vice-President, R. C. McCord, M. D., Lebanon.

Permanent Secretary, J. Steele Bailey, M. D., Stanford.

Assistant Secretary, Fayette Dunlap, M. D., Danville.

Treasurer, Ed. Alcorn, M. D., Hustonville.

Librarian, J. S. Taylor, M. D., Warren County.

Board of Censors, S. M. Willis, M. D., Winchester; J. W. Harwood, M. D., Shelbyville; M. E. Poynter, M. D., Midway.

Chairman Committee of Arrangements, S. M. Willis, M. D., Winchester.

Place of next meeting, Winchester; time, the last Wednesday in June, 1886.

The report was unanimously adopted, and the society adjourned.

BANQUET.—The guests were invited to a banquet, Thursday night, spread in the dining-hall of the great hotel. This gastronomic compliment was paid to the fellows by the courteous proprietor of the Springs. It found graceful and hearty acceptance.

Selections.

CONGESTIVE DYSMENORRHEA.—At a recent meeting of the British Gynecological Society (Medical Press and Circular) Dr. Bell, of Glasgow, read an exhaustive paper on Congestive Dysmenorrhea. He concluded as follows: (1) It may arise in conjunction with stenosis, but the stenosis can not be the sole cause, or why does the pain cease when the flow has become thoroughly established? or why do some women suffer when others do not, the outlet being of equal caliber in the various cases? Or, again, why do some suffer at one time and not at another? (2) Dysmenorrhea may accompany a neuralgic condition of the uterine walls, and frequently does so, for well we know that a neuralgic woman always suffers most at the catamenia, not only in the pelvic organs, but elsewhere, and it is quite natural that the activity of the uterus at that time will render it doubly liable to neuralgia then. (3) Dysmenorrhea has been said to lead on to spasm of the uterus, and compared to the spasm which produces asthma, and by way of argument Dr. Matthews Duncan says, "Asthma is caused by a copious secretion of the mucous membrane, just as dysmenorrhea is generally relieved when the menses flow freely." Now I hold that the very reverse is the case, for it is only when the spasm in asthma ceases somewhat that the mucous membrane is able to secrete mucus to any extent. When the spasm is severe the nerve centers which control the mucous secretion by reflex action are paralyzed temporarily, and it is only when the irritating effect of the spasm subsides that they are able to act. When the modified irritation which remains stimulates them to free action a copious flow of mucus results, just as when a severe inflammation of Schneiderian membrane occurs no mucus is secreted, but when this subsides the more intense irritant ceases to act so powerfully on the ganglionic centers when their activity is restored, and afterward stimulated by the degree of irritation which the less congested condition of the mucous membrane conveys through their different filaments. So that the relief in asthma when mucus is secreted fully is not *post hoc*, *propter hoc*. Whereas the relief obtained in dysmenorrhea when the flow is established is *post hoc*, *propter hoc*. (4) The obstruction theory has had many advocates, among

whom is numbered Dr. Barnes and the lamented Dr. Marion Sims, but, unwilling as I am to differ from these veterans in the science of gynecology, I must confess that I fail to see how fluid blood should be less able to escape without pain than the catarrhal discharge which is so copiously exuded in the intercatamenial period. Nor can I understand why the pain ceases after the menstrual flow has been thorough.

INTRAVENOUS INJECTION OF MILK.—C. E. Jennings, F. R. C. S., in British Medical Journal, after a careful physiological, experimental, and clinical study of this subject concludes that:

1. The intravenous injection of a small quantity of newly-drawn milk is harmless.
2. Large injections of milk are fatal, with polyuria as the chief symptom.
3. The employment of impure or stale milk is most dangerous, on the probability that septicemia will follow the operation.
4. The operation is to be recommended in the later stages of cholera, enteric fever, phthisis, and pernicious anemia, as a substitute for the transfusion of blood; and, in short, in all cases where transfusion of blood is indicated on nutritive grounds, but where a blood-donor can not be procured, or where this operation is for other reasons impracticable.

SINCE its lands were thoroughly drained, consumption in Vermont is said to have fallen off nearly one half.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from July 4, 1885, to July 11, 1885:

Captain Valery Havard, Assistant Surgeon, assigned to duty at Fort Wadsworth, N. Y. Harbor, *First Lieutenant M. C. Wyeth*, Assistant Surgeon, assigned to duty at Fort Wayne, Michigan. (S. O. 140, Department East, July 2, 1885.) *Captain Junius L. Powell*, Assistant Surgeon, ordered from Department East to Department of the Missouri. *First Lieutenant Henry P. Birmingham*, Assistant Surgeon, ordered from Department Missouri to Department of the East. (S. O. 155, A. G. O., July 9, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ended July 11, 1885.

Fessenden, C. S. D., Surgeon, leave of absence extended sixteen days, on account of sickness. July 1 and 9, 1885. *Bennett, P. H.*, Assistant Surgeon, granted leave of absence for twenty-two days. July 9, 1885.

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"NEC TENUI PENNÂ."

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THE NATURE OF PNEUMONIA.*

IS PNEUMONIA A FEVER WITH INFLAMMATORY CONSOLIDATION OF THE LUNG AS ITS LOCAL MANIFESTATION?

BY JOHN GALT, M. D.

In the British Medical Journal, of December 20, 1884, is a description of a case of pneumonia in an aged man, by Sir Andrew Clark, which has attracted much attention in medical circles, and which suggests, among a number of questions concerning the pathology of pneumonia, the title of this paper.

Now that modern pathologists regard the disease as an essential fever, a general not a local disease, it is not surprising that there should be some doubt as to the correctness of styling the local changes in the pulmonary parenchyma inflammatory.

With a view to a proper development of the subject, and as authority for the statements herein made, I have made free levy of facts from the writings of Flint, Loomis, and Sir Andrew Clark.

In the study of pneumonia we are met at the outset with certain pathological features which would seem not to accord with the phenomena of inflammation as exhibited in other tissues of the body. Among these may be noticed the very large amount of the exudate, which is often two or more pounds when only a single pulmonary lobe is involved; the rapidity with which this is formed; the derivation of the blood which furnishes the exudate—it coming not from the arterial or systemic, but from the venous or pulmonic circulation—and the equally remarkable rapidity with which the so-called inflammatory products are removed, leaving the air vesicle and inter cellular passages intact. In short, so perfect is the resolu-

tion that one may, in a given case, be unable to find any evidences of a former pneumonic attack.

Another point of significance is the condition of the alveolar walls. If the process were inflammatory, one would expect to find fibrinous bands connecting wall with wall. But so far from this being the condition of the pulmonary cells, we are told by Sir Andrew Clark, that "a practiced hand furnished with a needle can turn out a little lump of exudate without any apparent injury to the alveolar wall." On examination the alveolar wall is found to be anemic, pale, and thin, and without sign of the usual local phenomena of inflammation. Instead of dilatation, we find many of the alveolar blood-vessels occluded, a fact which certainly distinguishes the pneumonic inflammation from that of other parenchymatous organs. In acute nephritis, for example, dilatation of the renal vessels is commonly observed. A careful study of the histological elements of the pneumonic exudation gives proof that it is not of the nature of a typical exudate as found in other inflamed organs. "When recent, the pneumonic exudation consists of leucocytes, red blood corpuscles, hyaline globules, granule cells, and desquamated epithelium, all interpenetrated and held together by a delicate network of fibrine." Taken collectively, do not these elements resemble a capillary blood-clot? "Every where you see signs of regressive evolution, and no signs of a true advancing development." And, further, the large number of red discs present would seem to make against the theory of inflammation. These often equal if they do not exceed the number of leucocytes, which latter, indeed, may be proved to be nothing more than "red corpuscles which have undergone histolytic changes."

Is not the so-called croupous exudation of acute lobar pneumonia a misnomer? Does it resemble the croupous exudation of

* Read before the Louisville Medical Society, Febru'y, 1885.

mucous and serous membranes observed in the larynx, the peritoneum, or pleura? Do the same structural changes take place in these organs as in the lungs? But, perhaps it may be contended that the croupous exudate here is not a product of true inflammation. However this question may be settled with reference to croupous manifestations elsewhere, it is clear that we have in the lung during pneumonia a large exudation without any of the local signs of inflammation, for there is no indication of cell-proliferation, no interstitial structural change in the alveolar wall nor organized bands between them.

What is, then, the cause of the hepatization or consolidation of the lung? It will scarcely be urged that the alveolar tissues are so peculiar in structure and relations that an inflammation can not manifest itself, except with the above-described anomalous features, since none of the causes of local inflammation, whether extrinsic or intrinsic, mechanical or chemical, can give rise to acute lobar pneumonia. Upon this point Loomis says, "All kinds of gaseous inhalations and trauma have failed to produce acute lobar pneumonia. They always produce lobular and not lobar pneumonia." Jürgensen makes the strong statement that "croupous pneumonia can no more be produced by the excitants of inflammation than can the characteristic intestinal lesions of typhoid fever." Such intrinsic agencies as circumscribed gangrene of the lungs, diffusion of pus from the opening of an hepatic abscess, etc., fail to produce it, while such agencies as intense cold and penetrating wounds of the chest never cause lobar, but lobular pneumonia. A definition of the difference between lobar and lobular pneumonia is most instructive here. The former is a primary idiopathic disease; the latter a secondary local disease. The former is attended with primary fever; the latter is attended with symptomatic fever. The former is self-limited, runs a regular course, independent of the amount of lung involved, and has no tendency to become subacute or chronic; the latter is not self-limited, does not run a regular course, is dependent for its severity upon the amount of lung involved, and may become subacute or chronic.

Again, such measures of treatment as were in vogue when pneumonia was regarded by the profession as a purely local disease and a typical inflammation, have long since, under the light of therapeutic

experience, been discarded, as, for example, local and general blood-letting, cupping, and the exhibition of tartar emetic, while aconite, veratrum viride, and the whole group of arterial sedatives are rapidly passing into disuse.

What causes this consolidation or hepatization of the lung, if it be allowed that pneumonia is a non-inflammatory process? To this question, Sir Andrew Clarke answers: "At present, for my own part, I can only say that the facts admit of the most complete explanation on the assumption that the consolidation is the result of an active congestion (or abortive inflammation) of tissues in which the blood-vessels, almost unsupported and naked, give way to sudden pressure sufficiently prolonged to permit, with a slight exudation, a great extravasation of all the elements of the blood before the inflammatory process, if begun, has time to reach its classical completion in cell-proliferation and structural changes." If you still persist in saying that the pneumonic consolidation is of the inflammatory character, I will reply that the rapidity with which hepatization occurs, the rarity of its long continuance, and its usual rapid disappearance are incompatible with the history of every other recognized inflammation.

From the foregoing discussion it would appear that there is already at hand sufficient evidence to render more than doubtful the propriety of regarding pneumonia as a member of the inflammatory group of diseases, while it is more than probable that further study of its natural history and pathology will place the question beyond all doubt. Indeed, the propriety of calling the disease pneumonic fever, and classing it among the recognized fevers under this name (*febris pneumonica*) is suggested by Austin Flint, sr., in the latest edition of his work on the practice of medicine. And while this is clearly a recognition of the fact that pneumonia is specifically a constitutional disease, it may also serve to pave the way for the acceptance of the theory that its local manifestation is non-inflammatory.

LOUISVILLE, KY.

SALICYLATE OF SODIUM IN DIABETES MELLITUS.—Dr. T. J. Yarrow, in the Therapeutic Gazette speaks favorably of the use of salicylate of sodium in diabetes mellitus. Four cases treated by this drug are reported in which the result was most satisfactory.

EXTRA-UTERINE PREGNANCY.

BY FRANK S. TRIPP, M. D.

Miss — is eighteen years of age, single, of Irish nationality. She is well developed and nourished. The patient presented herself on September 18, 1884, with the following history. She had always been regular with her menses until three months previous to this time, since which her periods have been absent. She had departed from the paths of virtue and repeatedly rendered herself liable to become pregnant during the past five or six months. She had had morning vomiting from the second month of the missed periods up to the present time.

About two weeks ago she placed herself in the hands of an aspiring M. D., who was represented as a good physician, and one who would relieve her of the embarrassment. This unworthy disciple of Hippocrates, after concurring in her diagnosis, proceeded to relieve her by the use of instruments. She states that he used instruments on several occasions, but that, beyond causing considerable pain while operating and the flow of a "watery fluid" after the first application, he accomplished nothing. Failing in this he put her on heroic doses of oils of pennyroyal and tansy, and she took as much as one half a wineglassful of the former drug on one occasion. This produced a large amount of gastro-intestinal irritation, which still exists to a considerable extent. Present condition: her pulse is about 100, feverish, the cheeks are flushed, and the skin hot and dry; the tongue very red around margins and tip; the bowels are loose. The breasts are enlarged, and the areola around nipples is very marked. On examination I find a copious vaginal discharge, purulent in character and offensive. The os uteri is within easy reach, soft but not dilated sufficiently to admit the finger. The uterus felt above the pelvic brim is tender on bimanual manipulation. The speculum reveals a purulent discharge coming from the uterus, and numerous abrasions of the mucous membrane covering the os. This was evidently caused by the instrumental procedures to induce the abortion. No fetal heart sounds or placental bruit were heard on auscultation.

I advised dilatation of the os uteri with sponge tents, to excite contractions and cause the expulsion of any body contained in the uterine cavity, as the foul purulent character of the inflammation of the endo-

metrium, acting as a focus of septic absorption, imperatively demanded a removal of the exciting cause, there being evidences of systemic infection plainly manifest. I therefore introduced a sponge tent. On September 10th the tent was removed, it having dilated the os to some extent and excited some pain. I now introduced two more and ordered vaginal injections.

September 11th. The patient has been suffering through the night with what appears to be labor pains. I removed tents, and found os dilated nicely. There is still some fever. I directed her to keep moving around.

September 12th. The pains continued until the evening of yesterday, when they all subsided. The os uteri has contracted to the size it had at the beginning. The patient complains of a dull pelvic pain, altogether different from the sharp periodical pains previously experienced. Although interpreting this as a threatened pelvic cellulitis, I determined upon trying dilatation again, and if labor was not induced with tents to try the expanding forceps. I introduced two tents. P. M. I find the os sufficiently opened to easily admit the index finger, which failed to discover any thing in the cavity. I now applied dilating forceps, expanding them at intervals. This produced strong uterine contractions. I left her early in the morning, she having strong pains, recurring every ten or fifteen minutes. The general condition being unchanged.

September 13th. Upon my return at the lapse of a few hours, I found that the contractions had subsided again, and the os had contracted to some extent.

Dr. — was called in consultation, who advised thorough exploration with the curette. This I made with the patient in the dorsal position. The os was exposed with a bivalve speculum, Sims' position and speculum not exposing the parts as well. A few masses of what we supposed to be deciduous membrane were removed in this way, the curette entering the cavity to a depth of about five inches, and when the operation was completed left the cavity of the uterus perfectly empty, its walls being perfectly smooth and in a state of inflammatory sub-involution as we supposed. After I had finished, my consultant examined the cavity of the womb with the same instrument, and agreed with me that there was an empty uterus, "only that and nothing more." The patient was placed in bed

and put under morphine. The vaginal injections were continued. P. M. She has some fever and a pulse of about 100. She is free from pain. I ordered liq. ammonii acetatis, \mathfrak{z} ss every three hours, and morphine if required.

September 14th. The patient is doing well this morning. About noon I was called suddenly, and found her in a severe rigor, experiencing also some pelvic pain. I ordered quinine, grs. xx, morphine, *p. r. n.* P. M. The pulse is 120, and temperature, 103° F. There is considerable pelvic pain. On examination I find vagina hot and dry, and a tender spot with some induration in the left vaginal vault. There is dysuria. I ordered quinia grs. v., morphia gr. $\frac{1}{4}$, every three hours, with hot fomentations to the hypogastrium.

September 15th. The patient is resting easier this morning. Her temperature is over 100°. Attendants speak of a flow of a "watery fluid," slightly bloody, per vaginam, as having occurred during the night, and saturating the bedding. This account at the time was regarded as exaggerated, and as being simply a semi-lochial discharge. P. M. Fever is very high and there is much pelvic pain. The existence of the profuse sanio-watery discharge was again fully impressed upon me. I attempted to give an intra-uterine injection, but failed to introduce a gum catheter or solid instrument into the uterine cavity. The vaginal discharge is not profuse but very offensive. The uterus was found to be retroverted to an extreme degree, the os pointing to the symphysis pubis, and so fixed by what was supposed to be exudation into the pelvic cellular tissue, that prolonged attempts at introducing the tube were thought to be imprudent. The former treatment was continued.

September 16th. When we arrived, this morning, we found the patient suffering with unmistakable labor pains, which had existed from about one half hour previous to our arrival. An examination impressed upon us the fact that a little hand was presenting at the os uteri, which was supposed to be the gateway of an empty uterus. Her general condition seeming to permit no delay, a foot was brought down and a dead, putrid fetus of between three and four months gestation was delivered. The placenta, which was in the same decomposed condition, was delivered, seemingly entire, in about ten minutes. The tissues separated from the bones of the fetus, so far as decomposition advanced.

September 17th. The patient is doing well, with pulse and temperature normal.

September 18th, A. M. The pulse is over 130, the temperature 105°, the lochia offensive and very scanty. The skin is hot and dry. She was removed to the private wards of a hospital, because of bad hygienic surroundings at home.

September 19th. The patient is much better this morning. Her temperature subsided during the night after the exhibition of a large dose of quinine and an intra-uterine injection of borated water. From this time on, the patient progressed favorably to recovery, the condition of her breasts, which became somewhat "caked," being the only complication.

The above case well illustrates the often repeated expression, that the uterus will often respond to the slightest mechanical interference with the most disastrous consequences, and again will submit to a degree of mutilation and heroic treatment, both in the pregnant and non-pregnant state, to which any other organ of the female organism would speedily succumb.

Here was a pregnant uterus that was exposed and maltreated in about as rough and painful a manner possible, judging from the statements of the patient, and evidences of bungling manipulation manifest on the exterior of the os when first examined by myself.

Later, the same uterus was dilated to a degree sufficient to produce contractions on several occasions, though I trust not in the same bungling manner. Following this, the same pregnant uterus, in which condition any intrusion of a foreign body is usually resented by the expulsion of the products of conception, was subjected to about as thorough an application of the curette as the mucosa of the organ ever gets. Even this it did not immediately resent, but later disgorged itself of a putrid fetus and placenta which it had pertinaciously retained for at least several weeks after the death of the fetus. Still further was this same organ subjected to a septic inflammation from which it freed itself and returned to its physiological state of quiescence in a most serene manner.

When the case presented, all signs and symptoms of pregnancy were present, save the existence of the fetal heart sounds. If the patient's statements as to the duration of the pregnancy were to be credited it was early for them, and the height of the uterus above the pelvic brim made her

statements approximate the truth. The evidences of a successful criminal abortion were also too evident to hope to check its progress. The suppurative inflammation of the endo-metrium and existence of symptoms denoting septic absorption, made it imperative to empty the uterus of any foreign body which it contained. The existence of the above condition of the womb made it certain that a live fetus did not exist. With the pregnancy advanced to the stage it had then attained it would have been impossible for the products of gestation to be expelled without the knowledge of the patient, as might be the case during the first month. So there was every reason to suppose that the uterus contained a dead fetus, and that dilatation of the os sufficient to produce contractions would result in its extrusion.

After producing this amount of dilatation several times, and exciting strong uterine contractions, they each time subsiding upon the removal of the exciting expansion, and nothing presenting, a uterine sound penetrating to a depth of four and one half inches meeting with no obstruction, the query arose, where is it? Can it, after all, be a mistaken diagnosis?

My consultant immediately asked, on having a history of the case, "Are you sure there is any thing in that uterus?" which the curetting seemed to prove negatively, we concluding that the patient had either purposely or ignorantly misled us, and that the condition found was one of post-partum inflammation with subinvolution. What then was the condition? It was one of two conditions:

First. It was possible that the child was in its sac at the fundus of the uterus, dead, putrid, and the membranes so dense that they failed to rupture on using the curette, giving the sensation of being a part of the uterine wall. Had this been the explanation, which I doubt, the sound when first introduced must have perforated the membranes, as the patient was positive of an aqueous discharge following it. Then the opening must have closed by inflammation or otherwise. The entrance of air at that time, the effects of contiguous inflammation, the administration of drugs, or the death of the fetus must then have caused the decomposition of the contents of the amniotic sac and excited the suppurative inflammation of the endo-metrium. Why this prolonged mechanical and medicinal interference with the progress of gestation

and above all the presence of a putrid fetus and secundines should so long prevent the onset of labor makes the case a rare one, if it was pregnancy confined to the uterus. Were this the case, the question naturally arises, were not the writer and his consultant novices in the art of exploring the cavity of the uterus for diagnosis and treatment? To this we might answer, that a sufficient practice in gynecology would relieve us of error from lack of experience. It should be remembered that the curette entered to a depth of fully five inches, a distance sufficient to account for the enlargement above the pelvic brim, encountering no variations as regards density or irregularities in contour that could be appreciated by the sense of touch.

Second. A more probable theory is that the case was one of interstitial extra-uterine pregnancy. Here the fetus was developed in the uterine walls at the point where the fallopian tube passes through its muscular substance. Had it been any other variety of extra-uterine gestation, tubal, ovarian, or abdominal, it would have been next to impossible for delivery to have been accomplished per vaginam at as late a stage as this at least. If a purely tubal pregnancy, rupture must have been its termination, and, judging from the size of the fetus and duration of gestation, would soon have occurred, if statistics are of value in similar cases. Being an interstitial development, it is manifest how the uterus could be explored with negative results save its enlargement, which would appear impossible were the fetus contained in its sac. On this hypothesis is explained the failure of contractions to expel the child, it not being contained in the proper cavity of the womb. This view of the case would also account for the comparatively sudden retroversion and simulated pelvic cellulitis, induced by the descent of the child into the uterus, where it excited expulsive labor pains and early delivery. Only one factor would seem to make against this diagnosis, that is, the tumor was found in the median line, and not in the left hypochondrium as would have been expected. This, however, it must be remembered, would be less marked than in tubal or other forms of extra-uterine development. It is a fact clearly established that in the interstitial variety of pregnancy, the process may proceed to full term with no untoward symptoms and terminate with an apparently normal labor. It is also claimed that the placenta is more often de-

veloped in the cavity of the uterus than at the site of the fetal development in this variety of pregnancy. Had it done so in the case under consideration, it must have been discovered on curetting the uterus, and also when expulsive pains were produced it would have been expelled from the cavity. The failure to recognize the flow of amniotic fluid must rest upon myself, as at the visits when they appeared and existed my counsel was not present. After satisfying myself that the uterus was empty, it did not seem within the bounds of reason to ascribe the discharge to that source.

At the expense of being verbose, I would recapitulate the points for and against extra-uterine pregnancy:

For interstitial extra-uterine pregnancy:

1. Existence of all signs and symptoms of pregnancy save the fetal heart sounds.
2. Failure of uterine contractions to expel any foreign body not attached to its walls.
3. The exploration of the uterine cavity with curette giving no indications of any foreign body, irregularities in contour or variations of density, the depth of the cavity approximating the enlargement above the pelvis.
4. The sudden retroversion of the womb and induration of vaginal vaults, as the fetus descended into the uterus, wholly disappearing after delivery.
5. Appearance of amniotic fluid after the uterus had been found empty, preceding the onset of labor.
6. Had it been any other variety of extra-uterine gestation, the tumor would have been more in one hypochondriac region, and delivery per vaginam would have been impossible at this stage of pregnancy.

The only factor against extra-uterine pregnancy was the above mentioned location of the tumor in the median line, and the exploration and course of the case made normal pregnancy seem impossible.

Extra-uterine pregnancy is a subject often forgotten in the diagnosis of abdominal tumors and of pregnancy; and this, coupled with the difficulty of its recognition and comparative infrequency, too often relegate its treatment to the surgeon as a *dernier ressort*, when the general condition of the subject unfolds a diagnosis too late for obstetric art to treat, or the report of the pathologist tells of "what might have been," had an early diagnosis been made.

Recognizing the fact that a brilliant diagnosis and a bold, successful line of treat-

ment add much to the report of a case, I make no apology in presenting one in which the diagnosis was not made, nay, candidly more, the true nature suspected only upon mature reflection after the patient was discharged well. The mistakes in practice of others are errors to be avoided. Perhaps in some obscure case the reader may, in diagnosis, not forget to exclude extra-uterine pregnancy after perusing this.

PLEASANT HILL, KY.

Miscellany.

THE INTERNATIONAL MEDICAL CONGRESS. The following gentlemen have requested that their names be appended to the list of signers to the resolutions adopted in Boston, on July 2d, declining to hold office in the proposed Congress as now organized:

O. W. Holmes, William H. Baker, David W. Cheever, James C. White, William F. Whitney, Boston; G. P. Conn, Concord, N. H.; F. H. Gerrish, S. C. Gordon, Portland, Me.; E. P. Hurd, Newburyport, Mass.; Nathan Allen, Lowell, Mass.

At a meeting of medical gentlemen, held in Washington, D. C., July 11, 1885, the following preamble and resolution were adopted:

WHEREAS, Certain changes have been made in the constitution and organization of the Ninth International Medical Congress, which seem to us unwise, injurious, calculated to bring the profession into disrepute, and to endanger the success of the Congress; therefore,

Resolved, That we, the undersigned, decline to hold any position under the said Congress as now organized.

JOSEPH TABER JOHNSON,	S. C. BUSEY,
W. W. JOHNSTON,	H. C. YARROW,
SWAN M. BURNETT.	A. F. A. KING,
B. F. POPE, U. S. A.,	FRANK BAKER,
E. CARROLL MORGAN,	D. WEBSTER PRENTISS,
J. FORD THOMPSON,	S. O. RICHEY,
D. L. HUNTINGTON, U. S. A.	

The following are some of the medical press comments upon the situation:

The leaders of the new committee are at present actively engaged in trying to devise some form of compromise which will enable them to retain their own position, and at the same time prevent further defection, but this can not be done. The leading members of the profession of the principal cities of the Union have declared their determination not to accept office. The presidents of nine sections, the Secretary General, as well as a large proportion of the vice-presidents and members of the councils, have likewise declined to co-operate under the new organization. Self-respect, if nothing

else, demands that a committee which has been so thoroughly discredited by the profession at large, and whose inability to organize an International Congress has been completely demonstrated, should at once resign.—*Philadelphia Medical News*.

When the full proceedings of the Committee of Arrangements, during the session in Chicago, come to be published in a connected and correct form, and it is seen that such proceedings have made no essential change in the general plan of organization of the Congress, or in the rules adopted for the government; that of the four chairmen of sections previously appointed in Philadelphia three were retained in their places, and the fourth was disturbed only by transferring him to the vice-presidency of the section with which his own section had been united; and instead of confining the membership of the Congress to the membership of the American Medical Association, as is alleged, nearly or quite one half of the sixteen chairmen of sections re-appointed are not members of that organization, the medical world will not fail to see that the only foundation for the hasty movement of our honored *confrères* in Philadelphia is the simple change in the *personnel* of the Committee of Arrangements and the practical denial of the assumption that the "various eminent specialists" of three or four cities and the medical profession of the United States are synonymous.

And if those who have been in such haste to condemn the action of the National Association and the present Committee of Arrangements for the Congress do not wish to occupy the unenviable position before the world of men determined to rule or ruin, they will take much more time to think before they make their next move.—*Journal American Medical Association*.

That the work of the committee appointed by the American Medical Association to make arrangements for the International Congress fails to give universal satisfaction, under the circumstances, need surprise no one, but the inference is not warranted that the Congress will not be duly provided for nevertheless. Until the American Medical Association, however, can maintain sufficient order at its meetings to enable it to take a creditable vote upon questions coming before it, it should abstain from interfering further with the arrangements for the International Congress. If the members of the committee appointed to make the arrangements become hopelessly involved in dissensions among themselves, or if they prove unable to accomplish satisfactorily the task intrusted to them, it will be in order for the profession to move in the matter independently by calling a mass-meeting of the representative men from all sections of the country to confer upon the situation and make all necessary arrangements.

Let a meeting be called at Washington early next fall, in which the several National associations shall be properly represented; let a committee of the profession be then appointed to make the needed arrangements for the entertainment of the International Medical Congress, the committee being free to accept or reject, modify, or ignore the work of the committee of the American Medical Association. If this is done, we feel certain that it will be found that the majority of the members of the American Medical Association will sympathize with

the movement, and its committee will eventually be forced to co-operate, or will cease to exist from want of moral and financial support.—*Philadelphia Medical Times*.

If the Association can be made to feel that its action in this matter meets with very general condemnation, there is some hope of its being rescinded in St. Louis next year. If the *status quo* should then be restored, there would still be more than a year in which to prepare for the Congress, and the gentlemen whose further services in its organization have been lost for the time being, in consequence of their having resigned from the committee in disgust, might perhaps be induced to reconsider their determination. It seems now, therefore, that a break may be made in the impenetrable hopelessness of a week ago. But the only way to bring the American Medical Association to its senses, is for those of the committee's nominees who have the success of the Congress more at heart than their own tenure of office to continue the good work which has been begun in Philadelphia, Boston, Baltimore, and Washington. These cities happen to be situated in the East, but it is assuredly by no sectional feeling that they have been led, and we think our friends in other quarters of the country make a great mistake if they so interpret the action taken. It has unquestionably become the duty of every well-wisher of the Congress, no matter where he may live, to decline any participation in the emasculated affair which its present organization must necessarily lead to.—*New York Medical Journal*.

Notwithstanding these dark clouds upon the horizon, we might expect little actually to come from them, were it not for the unfortunate fact that it is so much easier to prevent a Congress from being international than to make it so. Our foreign colleagues can only come here in any event at much trouble and expense. They will not come if there is a split and a quarrel, more especially if they see that this takes away from the meetings many of the men whom they would most like to see. They care nothing about squabbles over medical etiquette, and will be disgusted, we fear, to learn that such a thing has been introduced into a scientific body, in order that a few gentlemen who "run" the American Medical Association may be "consistent."

The facts, then, are that there has sprung up a serious and aggressive opposition to the present organization and policy of management of the International Medical Congress; and the matter comes to this: Will these gentlemen who have been thrust aside by the new committee be persuaded to submit peacefully and patriotically to a rule which they don't respect, and join hands to make a successful Congress. Or can not some concessions and compromise yet be made?

Certainly, unless one of these things be done, the international as well as the national character of the Congress is seriously endangered. We earnestly trust that matters may not be driven to an extreme issue, and that some arrangement for securing harmony may yet be perfected.—*New York Medical Record*.

We were strongly opposed as any to the sectionalism which appeared in the appointments by the original committee, but that this committee were vested with all power to do just as it did,

seems very clear under the resolution which created it. That being the case, the wisdom of the Association, to say nothing of its right, in nullifying the work already done in the way of organizing the Congress does not seem clear. An authority on parliamentary law, to whom we have submitted the whole question, declares that the Association has clearly committed an error in its meddling with the original committee. But whether it was justified or not in thus seeking to undo what was done in good faith, is a comparatively trivial matter. The great injury it has done the profession of this country, of which the American Medical Association is but a fraction, by making it appear in the eyes of our European brethren as a quarrelling, querulous agglomeration, will make any victory which the Association may gain over the original committee too dearly bought.—*Medical Age*.

Resignations from the Committee of Arrangements may occur, and appointments may be declined, but vacancies will undoubtedly be worthily filled with those who will work in the interests of a successful meeting. It should be remembered that the Congress is to be devoted exclusively to scientific work and incidental social intercourse, and that personal grievances and disappointments, local quarrels, and ethical discussions have no proper place in its proceedings. It is not probable, indeed, that the preliminary arrangements for any Congress have been completed without local troubles, and it is an open secret in England that entire harmony did not prevail at the beginning of the preparations for the meeting in London; but in this, as in other instances, local difficulties and jealousies did not take the form of published manifestoes, and they never came to the knowledge of the Congress.—*Medical Bulletin*.

The committee did the work expected of it, and with less malice than would have been thought possible, but with sufficient thoroughness, we fear to put an end to the prospects of a successful and creditable *international* congress. . . . Numerous changes and additions were made in the vice-presidents and members of council of the different sections. These honors are issued as plentifully as fiat money after a *coup d'état*, and the various geographical divisions of the country are impartially besprinkled with them. . . . Already the second long list [of officers] is made public within a few months, and the refusal by many prominent men to serve as officers under existing conditions makes certain the appearance of other revised lists, which may eventually end in no list at all. . . . These refusals to accept office in the present organization will doubtless be followed by others.

These gentlemen proposed to aid and participate in the discussion of questions of medical science, not of medical ethics, medical politics, or of square miles of territory. There will, however, be more offices, although less congress, for those who prefer such discussions and such distinctions to a harmonious gathering of scientific men searching for truth; and we hope some body may be happy, if it be only for a short time.—*Boston Medical and Surgical Journal*.

AMERICAN SOCIETY OF MICROSCOPISTS.—The eighth annual meeting of this Society will be held at Cleveland, O., beginning on

Tuesday, August 18, 1885, lasting four days. This year's meeting offers special inducements to members and visitors.

The local committees promise most agreeable and interesting sessions, with ample facilities for those who present papers to illustrate them by projection apparatus and otherwise. The session for illustration of practical work in preparing and mounting objects, which proved so fascinating and useful a feature of the Chicago and Rochester meetings, will be a prominent feature of the meeting this year, and no effort will be spared to make the working session still more varied and instructive than before.

The headquarters of the Society will be at the Forest City House, on Monument Square, where members of the Reception Committee will be in attendance during the week of the meeting.

The general sessions of the meeting will be held in the new court-house on Seneca Street, one block from the headquarters. The working session will be held in the Le-Grand Rink, on Euclid Avenue, on the afternoon of Thursday, August 20th, and the annual soiree will be held at the same place on the evening of the same day. It is desired that the exhibits be as numerous and complete as possible, and all microscopists are invited to assist on that occasion. The committee having charge of the affair desire to ascertain at once how far they can rely upon the co-operation of members and others; and to obtain the information required for making proper arrangements.

Communications may be addressed to C. M. Vorce, Chairman Committee on Microscopical Soiree, No. 5 Rouse Block, Cleveland, Ohio.

PROFESSOR BILLROTH, of Vienna, has lately received from the King of Portugal the large gold collar and star of the order of St. James, for skill and knowledge. The decoration is one which is very rarely bestowed. Some time ago Dr. Billroth was called to the Portuguese Court to consult in a surgical case.

THE Paris correspondent of the British Medical Journal writes that the Barotte prize of 3,400 francs, awarded to the inventor of the most important and useful devices for the good of agriculture, has been awarded Pasteur for his discoveries in contagious diseases. The Académie des Sciences has awarded its biennial prize, a sum of 20,000 francs to M. Brown-Séquard.

The Louisville Medical News.

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CHOLERA INOCULATION.

The alleged discovery by the Spanish physician, Dr. Ferran, of an attenuated virus, or perhaps better a mitigated microbe, with which any person inoculated would develop a triflingly mild form of cholera, with immunity from the disease in its severity, has been for several months a subject of large popular and professional interest.

The scheme took some color of scientific probability from the recent studies and discoveries of Koch and Pasteur, and while this color has been from time to time much heightened by what seemed to be sound scientific testimony to its truth by qualified observers, as for instance the report of Señor Carreras and others to the Barcelona Academy of Medicine,* leading the secular mind to hail Ferran as a second Jenner, and his "attenuated cholera" as a shield and buckler against the pestilence, the professional mind has surveyed the ground with a cold eye, refusing upon the testimony at hand to give credence to the Spaniard's claims.

Soon after Dr. Ferran began the practice of inoculation upon the inhabitants of the

cholera-scourged towns of Spain, the Spanish Government put an embargo upon his work, and appointed a commission made up of competent men to test the validity of his claims.

A report of some of the facts unearthed by this commission has been transmitted to the State Department at Washington through the United States Minister to Spain.

Dr. E. De La Granja, who accompanied the commission upon its tour of investigation, communicates to the minister not a few incidents and observations which would seem to prove that Dr. Ferran is either a sly charlatan or a self-deceived scientist with a decided leaning toward quackery.

The communication deals especially with the investigation made by the commission in Algemossi, where they found that real cholera was raging.

An account of the observations made at this place, with some of the author's comments on the question in general, we quote from the Washington correspondence of the Louisville Courier-Journal of July 22d:

The commission examined the inhabitants who had been inoculated by Dr. Ferran with his anti-cholera broth. The number was quite large, and all of them were enthusiastic in the praises given to Dr. Ferran. They had been inoculated in both arms, but presented no marks or scars other than those made by the hypodermic syringe, now almost obliterated. Some of them stated that they had a little headache, and all had severe pains in the arms, lasting about twenty-four hours after the inoculation. One of the most remarkable things is that none had either vomiting or diarrhea while suffering from the effect of the inoculation, or from the attenuated cholera, as Dr. Ferran and his friends style it, excepting the infants unable to speak, who, according to the evidence of one of Dr. Ferran's assistants, had both. During the last few days the number of opponents to Dr. Ferran's prophylactic inoculations has greatly increased, and I sincerely believe that there would be but very few adherents were it not because the opposition to the present government of Spain has made political capital out of the well-grounded suspension of the inoculations until after the termination of the investigation and report of the Scientific Commission, as ordered by the Secretary of the Interior—a suspension which has allowed Dr. Ferran and his assistants and associates to pose

* Louisville Medical News, Vol. XIX, page 411.

as martyrs in the cause of humanity, science, and progress.

In pursuance of their studies, the members of the commission examined seven hundred and twenty inoculated persons. In view of the result produced by these inoculations, the commission has come to the conclusion that they are inoffensive, and recommends to the government that Dr. Ferran should be allowed to continue with his experiments.

The statistics presented by Dr. Ferran to substantiate his claims in favor of his broth seem to give him support, but, unhappily for him, can not be taken as statistics by any body free from prejudices. The favorite statistics of Ferran are those of Alcira. In this place a little less than one half of the population has been inoculated, and much more than one half of the deaths are among these; but taking into consideration that the deaths are counted from the date of the invasion of the town by the cholera—that those who suffer most from its attacks are the poor, ill-housed, ill-fed, and unclean, who are those not inoculated—the statistics are deceitful and misleading, and consequently are not to be relied upon, unless it is to support false claims among the fanatical and terror-stricken people. Dr. Ferran makes the assertion that the inoculated do not have any immunity from the cholera until five days after the inoculation, but does not know for how many days after that they are protected. To say the least, these statements are unscientific and empirical, as well as the doings of Ferran, and are to be taken for what they are worth. The inoculated do not appear to acquire much immunity, because they are attacked by the cholera, and die like those not inoculated.

That the anti-choleraic process of Dr. Ferran is nothing but an experiment is perfectly true, and I have no hesitation in asserting that even as an experiment it is very crude, unscientific, and unsound in pathology. Unfortunately it has been divested of all merit, if it ever had any, by his having converted it while in its rudimentary state into an unprofessional industry. One thing, however, must be said in favor of Dr. Ferran's inoculations, and I am sorry that it is the only one I can say—that those who have undergone the process feel so much confidence in their immunity as to have lost all fears of the disease that causes so much terror in the generality of the population. It is my opinion that Ferran's prophylactic of the cholera will be of short life, and will fall into as much discredit as the treatment of cancer by the use of the condurango, discovered some years ago, by one of our own physicians.

The official report of the commission will be awaited with interest, since it will doubtless substantiate upon scientific testimony

the statements of Dr. La Granja, and burst this large and many-tinted bubble which, kept afloat by the breath of popular fear and applause, has hung in our atmosphere for a third part of a year, to the amazement of the public, the amusement of the profession, and the pecuniary enlargement of Dr. Ferran and his collaborators.

CHURCH HOME AND INFIRMARY.

On the 22d instant this splendid building, which owes its existence to the munificence of Mr. John P. Morton, was visited by the physicians of Louisville, who, under the guidance of the courteous management, inspected it from cellar to roof.

The institution is situated upon the Highlands, one of the most healthful and beautiful suburbs of Louisville, and commands a view of Cave Hill Cemetery, the city, and the picturesque surrounding country.

The building is capacious and of beautiful architectural design. Internal inspection shows that no expense has been spared to make it perfect in all its appointments. It has five floors, which are laid over brick arches on iron girders and connected by iron staircases; this renders it fire proof from basement to roof, while the conditions of its construction give it a strength and firmness sufficient to withstand the wildest hurricane. It is to be heated by steam. Elevators make the transportation of the sick easy.

The first floor contains the reception rooms, parlors, dining-rooms, reading-rooms, etc., while the second, third, fourth, and fifth floors are devoted to bed-rooms and sitting rooms for the inmates, with operating-rooms for the surgeons, and nurseries for sick infants.

A spacious corridor, which in times of emergency can be used for a ward, runs the entire length of the building on every floor.

The rooms, arranged on either side of this, have each its open fireplace and a window opening into the free air and sunshine. At the end of each corridor and on

either side in the middle of the building is ample space for the accommodation of convalescents, who may sit in converse with one another, and enjoy the sunshine and fresh air, or a view of the surrounding country, for which provision has been made by many windows.

Attached to each floor are water-closets and bath-rooms in sufficient number, and constructed upon the most approved plan.

It is the unqualified opinion of competent judges who have inspected the building, physicians, sanitarians, architects, and philanthropists, that it has been brought to as near the point of perfection as is possible under the facilities afforded by this era of civilization. The institution is under the care of the Protestant Episcopal Church, and in charge of the Diocesan Sisterhood of Kentucky; but, since charity knows no sectarian limitations, its benefits may be enjoyed by all who are in need, without regard to creed. Any clergyman, physician, or friend may visit the Infirmary at the instance of the inmates, and find full welcome at the hands of the managers.

It is expected that ere long the institution will be fully endowed; but for the present its successful working must depend upon private patronage and benevolence.

The following card, issued by the Executive Committee, will show how it is proposed to make the Home and Infirmary efficient in the relief of human suffering:

A gift of \$5,000 will endow a room in perpetuity, and entitle a beneficiary (to be named by the donor or heirs) to all the privileges of the institution.

A gift of \$3,000 will endow a room and entitle a beneficiary to similar privileges during the life of the donor.

\$300, paid in advance, will entitle a beneficiary to occupy one of the small rooms, with all privileges, for one year.

Small room, per week, for one patient, \$8.00, in advance.

Large room, for one patient, per week, \$12.00, in advance.

Large room, for two patients, per week, \$18.00, in advance.

Special terms will be made for those desiring to engage large rooms by the month or year.

These rates entitle the occupants to all the privileges of the institution—including board, lodging, nursing, and medical attention—subject to the rules and regulations of the Board of Trustees.

SISTER SUSAN, *Sister in Charge.*

Bibliography.

Report of Proceedings of the Illinois State Board of Health. Quarterly meeting, Chicago, July 2, 3, 1885.

Suersen's Obturators: Their Construction and Uses. By Dr. Th. Weber, Halsingfors, Finland. Reprinted from the Independent Practitioner of April, May, and June, 1885.

The Southern Bivouac for August will be a "Battle Number." J. M. Wright contributes an article entitled "A Glimpse of Perryville." A. P. Ford describes the "Last Battles of Hardee's Corps." Samuel Seay gives "A Private Recollection of Stone River." Major Saunders, in his papers on "Hood's Campaign," reaches Nashville, and describes that great battle. His article will be accompanied by a colored map of the battlefield, and portraits of Generals Thomas, Hood, S. D. Lee, T. J. Wood, H. D. Clayton, and E. A. Pettus. "Bragg's Campaign in Kentucky in 1862," is described by Basil W. Duke, from the Confederate stand-point, and by General C. C. Gilbert, of the Federal Army. In this number will also appear a paper by Dr. E. P. Humphrey, entitled "Moses and the Critics," which is certain to attract attention in literary as well as in theological circles. The article opens with this statement:

"The Mosaic account of the creation has given rise to what has been called 'conflict literature.' It is asserted that the cosmogony in the book of Genesis is sharply antagonized by modern science, especially by astronomy and geology. On the other hand, it is confidently affirmed that the teachings of science, to the full extent in which they are true, coincide with the teachings of the Bible."

The latter proposition is the one maintained by Dr. Humphrey.

DIABETES MELLITUS CURED BY REMOVING UTERINE APPENDAGES.—Dr. Francis Imlach reports, in the British Medical Journal, a case of diabetes mellitus associated with pyosalpinx, in which the removal of the uterine appendages caused the disappearance of the sugar from the urine.

Societies.

LOUISVILLE MEDICAL SOCIETY.

Stated Meeting, June 5, 1885, Dr. J. W. Clemens,
President, in the chair.

Dr. Coomes opened the discussion by reading a paper on the subject of Milk and its Adulterations by Swill. He said he had nothing new to present, that the literature on the subject of milk, as productive of disease, was meager. The desideratum in milk is its purity. It may be an easy medium of contamination. An example may be seen in the so-called milk sickness. The source of the poison, whether the food or water is not known; the flesh of the animal, as well as the secretions of the body, may be poisoned. Germs of disease may be taken up by milk, and conveyed to the circulation. Scarlet fever, diphtheria and typhoid fever have been transmitted in this way. In New York and Philadelphia, after investigating the matter, it has been decided that milk from swill-fed cows is unfit for use, especially among children, that it induces general derangement of the digestive apparatus leading to diarrhea, cholera infantum, etc. At his request analyses were made of specimens of milk from cows fed on different foods.

They showed comparatively little difference in the sp. gr. or constituents of the specimens from swill-fed or grass and grain-fed cattle. The specific gravity may be regulated by the addition of water or cream, and therefore plays no part in the test for purity and fitness for food purposes. Chemically, the chief difference lay in the marked acidity of the milk from swill-fed cows. This acidity and rapid fermentation are the prominent features of swill-fed milk. Still slop renders the animal drunk; the kidneys are unduly exercised and the flow of milk increased.

Dr. Clemens asked of the ability of the flesh of swill-fed cattle to resist putrefactive changes.

Dr. Coomes said it did not keep so well as grass or grain-fed flesh.

Dr. Galt said that if the physicians would assist him in the prosecution of the venders of swill milk by coming into court and swearing to the deleterious effect of such milk, he thought the practice could be stopped; these statements and experiments, he thought, were so scientific that the court would not rule them out.

Dr. Scott said he thought the chemist the proper one for Dr. Galt to depend upon. If it is proven that swill-fed milk is more liable to ferment, then it is liable to produce deleterious effects upon the child. In his experience he had found harm done by milk from swill-fed cows, and he would prefer condensed milk to it.

Dr. Palmer said the people must be convinced by a plain statement of facts. He thought the profession tardy in recognizing the fact that the milk digested through the agency of the pancreas and not the stomach, and that this acidity must be neutralized before real digestion takes place.

Dr. Cottell said deductions must not be drawn from a few experiments, but from hundreds. Accidental causes, such as atmospheric conditions, may produce rapid changes.

Dr. Bailey called attention to the fact that this unhealthy condition of swill-fed milk may be due, at least to some extent, to the sanitary surroundings of the cattle. They are kept in filthy stables, with no exercise, until there can not be a healthy tissue in their bodies. He also thought some of the trouble in case of bottle-fed children might be due to the lack of proper care of the milk and bottle.

After some further discussion the Society adjourned.

JULIA INGRAM, M. D., *Secretary*.

MUHLENBERG MEDICAL SOCIETY.

According to previous arrangements the physicians of Muhlenburg County met at Central City, July 9th, and formed an organization to be known as the Muhlenburg Medical Society, the object of which is the discussion of medical subjects and the stimulation of a more fraternal feeling among its members. Quite a number of the physicians of the county were present, and an organization was easily and unanimously effected. A constitution was formed and adopted, and the following officers were elected and installed:

Dr. J. G. Bohannon, President.

Dr. W. E. Irwin, First Vice-President.

Dr. J. T. Woodburn, Second Vice-President.

Dr. Robert C. Kenner, Corresponding Secretary and Treasurer.

Dr. J. W. McDowell, Recording Secretary.

In view of their valuable efforts toward the advancement of medicine, Prof. J. W.

Holland, of Philadelphia, and Prof. H. A. Cottell, of Louisville, were elected honorary members, and Dr. G. P. Thomas, of Pembroke, Kentucky, corresponding member. Dr. J. N. McCormack, of Bowling Green, Kentucky, was also elected an honorary member, and Dr. S. J. Rhoads, of Metropolis, Ill., a corresponding member.

The Society will meet the first Wednesday in each month at some town in the county. Physicians who are desirous of becoming members should forward their applications to Dr. Robert C. Kenner, South Carrollton, Kentucky, who will present such application to the Society at its next meeting.

The Society will next meet at South Carrollton, August 5th, at 10 o'clock A. M. The following order of business will be observed at the next meeting:

Reading of a paper on Cholera Infantum, by Dr. J. T. Woodburn, of Bremen.

Discussion of same by the Society.

Reports from the committees on Practical Medicine, Surgery, Gynecology and Obstetrics, Therapeutics and Toxicology, will be heard and discussed.

It is expected several new names will be added to the roll at the next meeting.—*Muhlenberg Argus.*

Pharmaceutical.

Conducted by Simon Flexner, Ph. G.

CHURCHILL'S SYRUP OF THE HYPOPHOSPHITES.—In answer to the following query we print below the formula desired as well as a formula for the syrup of the combined hypophosphites as recommended by Parrish:

To the Editor of the *Lou. Med. News*:

DEAR SIR: Please send me the formula for Dr. Churchill's compound syrup of the hypophosphites of lime and soda, and give its uses.

Yours truly,

CAVE CITY, KY.

O. P. NUCKOLS.

Some uncertainty exists as to whether the syrup originally recommended by Dr. Churchill was composed of lime alone or of lime and soda combined. The best authorities give the simple syrup as his, and we therefore reproduce it accordingly:

R Hypophosphite lime, 1 part by weight.
Water, 50 " " "
Sugar, 50 " " "

The calcium salt is to be dissolved in the water, the solution filtered, and in the filtrate the sugar is to be dissolved.

Parrish's syrup is made as follows:

R Hypophos. calcium, 3iiss;
" sodium, } aa 3ss;
" potassium, }
Hot water, 3xx;
Orange-flower water, 3j;
Granulated sugar, 28 ozs. av.

The hypophosphites are to be dissolved in the hot water, the solution filtered, and in the filtrate the sugar is to be dissolved, preferably without heat. Lastly the orange-flower water is to be added.

The hypophosphites are used as reconstructive tonics in wasting diseases. They were originally introduced as a remedy in phthisis, but at present they are applied to a much wider range of diseases.

ACTION OF SALT ON ALBUMINATE OF MERCURY.—Probably the most used and most useful antidote for poisoning by soluble mercury salts is albumen. It is efficient as an antidote inasmuch as it forms an insoluble compound with the poison. Any thing tending to render soluble this compound manifestly increases the danger to be apprehended from the absorption of the poison before antagonistic or remedial measures can be resorted to. The efforts of the physician after the administration of an agent calculated to form an insoluble compound with the poison are directed toward expelling from the system this compound. For this purpose emetics are most generally used, and the one elected and used depends largely on the facility with which it can be procured. Salt or mixtures of salt and mustard being, we might say, always at hand, have usually, for the reason stated, the preference. The use of salt in this case can not be too heartily discouraged, for while the albuminate of mercury is insoluble in ordinary media, and perhaps in the secretions of the stomach, it is very quickly dissolved by a solution of salt and is converted into a form very readily absorbed.

DECOMPOSITION OF COCAINE.—On treating cocaine with concentrated acids or alkalis, it is split into several bodies more or less known: ecgonine, benzoic acid, and methyl alcohol. It may be well to mention in this connection that cocaine has declined very much in price, and it is reasonably sure that it has passed its high priced period and in the future will be supplied at comparatively low figures. This is due, we understand, to the arrival of a shipment of new leaves of much better quality than those

on which manufacturers have depended up to now. We may also expect improvement in the character of the pharmaceuticals prepared from the leaves for the same reason.

Translations.

SECOND CONFERENCE ON THE CAUSE OF CHOLERA, HELD AT BERLIN, May 4, 1885.*

M. Koch maintained that the presence of the comma-bacillus is constant in the stools of those affected with cholera, and that they are encountered in no other disease, nor any where else in nature. The great diagnostic value of the bacillus hence can no longer be contested.

M. Koch reported that he had just examined a certain number of preparations of the contents of the intestines, gathered from those affected with cholera in Calcutta, and presented a series of pure cultures of the comma-bacillus from France, Italy, and Germany; all the cultures were alike. He then related the experiments which he had made on animals, all of which yielded positive results, on condition that previous preparation was instituted.

He takes cobayes and administers to them five cubic centimeters of a five-per-cent solution of soda, twenty minutes later injects ten cubic centimeters of a broth containing the comma-bacillus into the stomach; immediately thereafter he injects tincture opium, one cubic centimeter to two hundred grams, into the abdominal cavity of animals. This narcotizes the animals for half an hour or an hour, but they recover perfectly.

On the morrow they are sick, the hair bristles, feebleness of the posterior extremities and of dorsal muscles becomes manifest, and they die at the end of one to three days.

At the necropsy distension of the small intestine is found. The intestine as well as the cecum and stomach is full of an alkaline liquid, colorless, flocculent, consisting of a pure culture of the comma-bacillus. This experiment succeeded on eighty-five cobayes. However, the treatment with opium and soda renders them also more susceptible to the pathogenic action of other bacteria. Thus, under these conditions, the bacilli of Finkler and Deneke produce a pathological action, but to a much slighter extent, and besides one observes a series

of symptoms which are not present in experiments made with the comma-bacillus of those affected with cholera. The bacillus of Finkler produces under the same circumstance a true decomposition, which reveals itself by the color of the intestinal contents.

With regard to the therapeutics, it has so far been found that only large doses of calomel and of naphthaline prolong the life of the animals to one day on an average.

Dryness and disinfectants (for example, a five-per-cent solution of carbolic acid) rapidly destroy the comma-bacillus. Koch related a new observation made on man, one which may take the place of an experiment of infection. One of the one hundred and fifty doctors who attended the course on cholera, held at the Imperial Sanitary office, contracted a cholera. In his dejections the presence of the comma-bacillus was remarked. The experiments made with the German comma-bacillus described above proceeded from this patient.

As to the viability of the comma-bacillus, experiment has determined that they live in the water of pits thirty days, in the water of sluices seven days, in the contents of a privy twenty-four hours, on damp cloth three or four days, in the waters of the Port of Marseilles eighty-one days, in agar-agar more than one hundred and forty-four days. A stable form of the comma-bacillus resembling the spores of other bacilli has not been detected.

M. von Pettenkofer declared that he was by no means convinced. The experiments on animals he does not consider by any means conclusive. One succeeds very much better by using the bacilli of Emmerich. It is known that Emmerich went to Naples to get pure comma-bacilli to bring to Munich, but with these he found short bacilli coming from the viscera of nine individuals who died of cholera.

The process which Koch employs of injecting animals does not show at all how man acquires cholera. He declares that he could not convince himself that the comma-bacillus is the primary cause of cholera, but believes rather that it is the cholera that realizes the particular conditions which are favorable to the development of the bacillus, and hence the explanation of their regular presence in cholera. By admitting that the comma-bacillus is the direct cause of cholera, it is impossible to explain the laws revealed by epidemiologic experience of cholera, except by denaturalization. The comma-bacilli are, so it is said, with-

*Translated from *La Semaine Medical*, of May 13, 1885, by R. Maupin Ferguson M.D

out resistance; dryness destroys them, and still the dry season in the lower Bengal favors the cholera. Again, it must be remarked that the comma-bacillus is found only in the intestine and not in the viscera.

Hence it is necessary to admit that the bacillus produces itself in the intestines of those with cholera, and these absorb with difficulty a poison of great active energy.

In the culture at Munich it has not been possible to discover this poison. Cholera does not appear to be a combination of infection and intoxication, but appears to be rather a pure disease of infection.

The future will decide whether Emmerich's bacillus is the true cause of cholera. It is also found in the viscera, but is invisible in hardened sections. Those animals infected with this bacillus died with emesis and diarrhea.

But whatever opinion may be entertained with regard to the bacillus of cholera, it is necessary to make it agree with the laws of epidemiology. If the patients with cholera are not a cause of direct infection, the fungus of cholera also fails to infect, and if the explosion of cholera depends on time and place, the fungus of cholera must be submitted to the same conditions.

M. B. Fränkel. The only bacteria of the intestine which resembles morphologically the comma-bacillus is a vibrio which comes from the mouth. All my efforts to get it (to reproduce) itself in gelatine have failed.

M. Koch. M. Emmerich obtained his bacilli in a way which has many objections and opens the doors widely to hazard. It is an error to believe that the dry season of Calcutta dries the village of Calcutta, it merely diminishes the large quantity of water in the city. *If attempts to extract a poison from the pure cultures at Munich of the comma-bacillus have not been successful, M. Koch is able to state that similar efforts made at Berlin, but which are not yet complete, have yielded a positive result.*

MEETING OF MAY 5TH.

M. von Pettenkofer. In admitting that the comma-bacillus or the bacillus of Emmerich is the cause of cholera, it is impossible to explain a series of facts revealed by experience, for example, that cholera is latent in winter, that it explodes again after it is thought to have disappeared, and finally that it simply depends on time and place.

Cholera infection may be compared to that of the (paludal) fever, which is inoculable and which depends (especially) on

the soil. It is necessary to distinguish natural and artificial infection. Even when experiments succeed, it is not right to conclude that an epidemic naturally occurs in the same way.

M. Virchow. The success of experiments on animals is not obligatory, for we can not transmit all diseases to animals. The animals infected with the rods of Emmerich present symptoms which may mislead the observer and make him believe that he has a case of cholera before him. But there are a series of symptoms which produce analogous symptoms. In injecting, in 1847, putrid materials in the blood of dogs, he succeeded in producing analogous pathological lesions and also emesis, diarrhea, and other choleraic symptoms. Hence, he draws the parallel between cholera and putrid infection; but, in spite of these facts, he protested against the conclusion that the two maladies are identical.

In the experiment of Koch it is possible that opium prevents diarrhea and vomiting. In this regard these experiments are still defective and needs must be continued.

It must be mentioned that Emmerich drew his blood to examine from a living vein with necessary precautions, and he may have obtained an accidental bacillus.

What appears to indicate that it is related to Koch's bacillus is the fact that it is found constantly in the intestine, which is the proper location of cholera. The gastric juice is not always of an acid reaction. It is possible, perhaps, to establish apeptic conditions which render preparation unnecessary for an animal in these experiments.

Even for what relates to those maladies best known depending on a fungus, for instance, the muscardine and gangrene of potatoes, it is impossible as yet to affirm why the epidemic occurs or why it disappears. Notwithstanding our knowledge of the fungi, our knowledge of the course of epidemics is but little advanced.

A stable form of the comma-bacillus does not exist, but the bacillus itself has a viability sufficiently great. Dr. Babes has recognized the viability of certain cultures even after six months, and he has cultivated a particular form of spirillum extensive and relatively large, which appears to be stable.

This form comes into existence at temperatures low, but can be rapidly transformed into short comma-bacilli. According to external condition the bacillus presents itself under different forms.

The vesicular formations, described by Ferran on the spirilli prolonged in threads, are the products of decomposition and are sterile. The viability of the comma-bacillus suffices to explain that it succeeds in resisting the winter and continues from one year to another.

The discovery of the bacilli has rendered it possible to make positive progress by guaranteeing the knowledge of certain facts which have been demonstrated to date by experiment, and especially by the admirable works of Pettenkofer. In the first place the question of time and place is not by any means indifferent to us to-day, but we must take care not to be delayed by speculations purely theoretic, we must rather attach ourselves to the positive facts and examine from this point of observation those theories which best explain them.

Selections.

ABORTIVE TREATMENT OF TYPHOID FEVER WITH NAPHTHALIN.—Goetze (*Zeitschrift für Klin. Med.*) reports thirty-five cases of typhoid fever treated at Rossbach's clinic with naphthalin. The resublimed drug with a few drops of oil of bergamont was employed in a dose of one gram for adults repeated five times per day. No other medicine was employed, excepting in a few cases in which antipyrin was exhibited. The patients were given from 70 to 150 grams during the course of treatment. In two cases only the remedy had to be stopped on account of persistent vomiting, and in another one because of symptoms of intoxication, there being transient psychical disturbance, dark color of the urine, etc. In three cases the process was cut short in three days; ten cases aborted in a period of ten days; in four cases the fever, etc., did not exceed a duration of two and a half weeks. In the remaining cases the fever was not shortened in its duration, but showed itself quite tractable and was marked by a strong remitting type.

The three patients that had to be taken off of the naphthalin had relapses; of the ones that went through the treatment but one relapsed. Three patients died of serious complications.—*Weekly Medical Review.*

COCA IN PHTHISIS.—Dr. J. B. White (Medical Record) states that he has for several weeks been testing the effects of coca in phthisis, and the results thus far ob-

tained tend to confirm his belief in the therapeutic value of the drug in this and other wasting diseases. "Prescribed in some cases of advanced phthisis associated with great physical depression, it exerted a wonderful tonic effect, substituting a cheerful and hopeful state for one of despair, and in proportion establishing an improved condition of health." In some cases in which night-sweats were quite profuse the remedy seemed to have exercised a controlling influence. A more refreshing repose and a better appetite were observed in patients who had taken the wine of coca for a week or more, when prior to this treatment insomnia and anorexia were painful symptoms." Dr. White adds that coca is now being thoroughly tested in his service in Charity Hospital, and he hopes to be able to supplement this notice with a more full report concerning the value of the drug in the management of consumption.

As a stimulus to the discovery of a specific for diphtheria, Monsieur and Madame Victor St. Paul have given a sum of £1,000 to the Académie de Médecine, Paris, to be awarded as a prize to the fortunate individual, of whatever nationality, whose efforts in this direction shall be judged by the Academy to be successful.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from July 12, 1885, to July 18, 1885.

Lt.-Col. E. P. Vollum, Surgeon, to be relieved from duty in Department East on the expiration of his present leave of absence, and to report to Commanding General Department Platte for assignment to duty as Attending Surgeon at the headquarters of that department. (S. O. 159, A. G. O., July 14, 1885.) *Maj. J. V. D. Middleton*, Surgeon, leave of absence extended fifteen days. (S. O. 159, A. G. O., July 14, 1885.) *Maj. J. M. Brown*, Surgeon, *Capt. Clarence Ewen*, Ass't Surgeon, *Capt. A. W. Taylor*, Ass't Surgeon, and *First Lieut. W. C. Borden*, Ass't Surgeon, ordered to prepare for field service. (S. O. 64, Dept. Platte, July 9, 1885.) *Capt. W. W. Gray*, Ass't Surgeon, relieved from duty at Fort Barrancas, Fla., and ordered for duty at Fort Columbus, N. Y. H. (S. O. 147, Dept East, July 13, 1885.) *First Lt. Edward Everts*, Ass't Surgeon, ordered for duty as Post Surgeon, Fort McDermit, Nev. *First Lt. A. S. Polhemus*, Ass't Surgeon, ordered for duty as Post Surgeon, Benicia Barracks, Cal. *Capt. C. K. Winne*, Ass't Surgeon, ordered for duty at Benicia Arsenal, Cal. (S. O. 68, Dept. Cal., July 11, 1885.) *First Lieutenants G. L. Edie* and *C. S. Black*, Ass't Surgeons, ordered for duty with troops en route to Dept. Mo. (S. O. 78, Dept. Texas, July 10, 1885.)

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, AUGUST 1, 1885.

Original.

EXSECTION OF THE DISTAL ENDS OF
BOTH TIBIÆ AND ONE FIBULA FOR
THE RELIEF OF NECROSIS
AND CARIES.*

BY J. G. CARPENTER, M. D.

W. B., aged twelve years, has a good family history on his mother's side, but some of his father's aunts and uncles have died of phthisis. W. B.'s health had always been good until March, 1884, when in company with some boys he went a-swimming in the creek, being exposed for several hours to the cold water and weather.

An attack of acute articular rheumatism followed this exposure. As this was subsiding, acute erysipelatous inflammation of the integuments over the tibial and fibular regions resulted, and a series of abscesses, situated over both tibiæ between the ankles and the spines, followed. These were evacuated by free incisions as they formed, which treatment was supplemented by hot fomentations or poultices, drainage and antiseptic dressings, alteratives, tonics, re-constructives, and nutritious food.

The posture of patient was semi-recumbent, with the feet flexed on the legs; the legs, thighs, and trunk being in a state of semi-flexion. The case was under the management of Dr. G. W. Bronough until the 30th of July, when the writer was called in consultation. Necrosis of the bones of the legs was previously the diagnosis of Dr. Bronough, and in consultation we agreed that caries of the lower articular ends of the bones of the legs existed with necrosis of the shafts of the tibiæ, and that excision was the proper remedy in the case.

On August 1st, 1884, at 10 A. M., the patient was chloroformed, a one hundred

and fiftieth of a grain of atropia with one eighth of a grain of morphia sulphate being given hypodermically during the administration of the anesthetic; five grains of quinine were also given.

Anesthesia being complete an exploratory incision was made over the lower third of the crest of the left tibia. The articular lower end was found to be carious, and the shaft to be necrosed. The periosteum was found separated from the bone by previous suppuration; in many places on the inner and posterior surfaces of the shaft burrows of pus existed, the shaft presenting a worm-eaten appearance. It was separated from its lower epiphysis. The exploratory incision was extended to the tubercle of the tibia and the bone found to be diseased up to this point. Excision of the shaft below the tubercle was done by means of the chain-saw. The wound was thoroughly cleansed, drained with soft rubber drainage-tubes, disinfected with listerine, one to two, and dressed antiseptically. Coaptation of the lips of the wound was secured by means of silver sutures, placed one inch apart. Between these were put strips of rubber adhesive plaster half inch wide and long enough to encircle the leg one and one third times. The limb was then wrapped in absorbent cotton soaked in listerine and water, one part to eight.

The operation having been completed on the left leg, an exploratory incision was made in the right leg over the crest of the tibia, from the ankle to the tubercle. Here the condition was similar to that presented by its companion bone, but in addition we found caries of the lower articular end of fibula. The integument over the bones was of a blue color, and much attenuated as in the left leg. There were also many pus sinuses and fistulæ about the ends of the diseased bones, some of which involved the ankle-joint.

The right tibia, from the tubercle to the

*Read at the June Meeting of the Kentucky State Medical Society.

ankle-joint, was removed, and with it four inches of the lower end of the fibula. The wound was thoroughly cleansed, disinfected, drained, closed, and antiseptically dressed as was done with the other limb.

The patient rallied well from the anesthesia and the by no means inconsiderable shock following the operation of double excision, though considerable nausea and vomiting followed the chloroform narcosis, and lasted for twenty-four hours.

August 3d, the surgical dressings being soiled were removed, and the wounds were washed and dressed antiseptically, listerine being used on the left, and bichloride of mercury on the right leg. The wounds were dressed every third day until the 12th, and on every fourth day until September 3d, on every sixth day until October 4th, and then every eighth day until December 6th.

On October 23d, the left leg was incased in a plaster-of-paris dressing, and on November 29th the right leg was treated after the same manner. The limbs were kept incased in plaster-of-paris till June 13, 1885, the knee and ankle-joints being thus made immovable. After the wounds had healed a little sinus formed in each leg near the tubercles of the tibiæ, and a small spiculum of bone was removed from each; under injections of balsam of Peru, the sinuses soon healed. Although there were bridges of union by first intention in both wounds, the greater part of each healed by granulation. Suppuration was slight, considering the size and length of the wounds and the amount of bone removed.

The silver sutures were removed at periods ranging from the sixth to the fourteenth day. The drainage-tubes in the upper portion of the legs were removed about the twenty-first day; those near the ankle in about six weeks.

The indications of the case seemed clearly to preponderate in favor of excision against amputation. By excision useful members will doubtless result, which for strength, solidity and length—the three great essentials to be realized after excision of long bones of lower extremities—excels any artificial limb that could have been applied had amputation been performed.

A question pertinent to the final convalescence of the case is, will reproduction of ossific matter take place in amount sufficient to make new bones, or will arrest of development of the bones and limbs result?

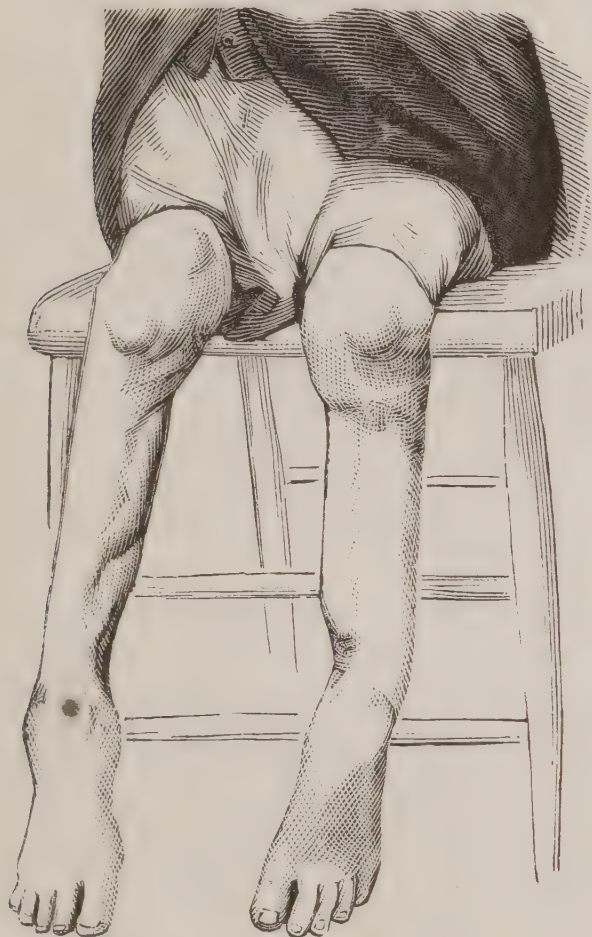
Regeneration of new bone is effected principally by the periosteum and the soft

tissues and slightly by the endosteum. The case is all the more promising if the articular ends of the old bones be intact. All long bones have three centers of ossification, a nucleus for the shaft and one for each epiphysis. In the latter for the lower end of the tibia, ossification is perfect at twenty years; in that for the proximal end at twenty-five years, and in the lower epiphysis of the fibula at twenty years. In the ossific nucleus of the upper end of the tibia and interlamellar cartilage the growth or the reproduction of new bone is much more rapid from above downward than from below upward; and since the epiphysis of the tibia and interlamellar cartilage were destroyed by caries, and the lower end of tibia must depend principally, if not entirely, on the periosteum and soft tissues for the reproduction of bone, this must be slow. The epiphyses do not take an equal share in the development of a long bone, but one is more active than the other. The upper epiphysis of the humerus and tibia, and the lower, in the radius and femur, contribute most to the development of the respective bones. It is well known to physiologists that the longitudinal growth of a bone is carried on mostly through the interlamellar cartilage between the epiphysis and shaft of the bone, while epiphyses are not joined to the shaft by osseous union until the bone has reached its full length. (Erichsen.)

"In excisions practiced on a growing child in whom the osseous development is not complete, if the whole of the epiphysis is removed the subsequent growth of the bone and the limb will be arrested in proportion to the extent of the influence of the removed epiphysis in the development of the bone." The proof is conclusive that reproduction of bone will take place, but that in the distal ends of the tibiæ it will be longer in doing so than in the shaft, and longer in the right leg than the left, since the lower fourth of the fibula was here also removed for caries and necrosis. The right leg will necessarily be shorter than the left, since three fourths of the tibia and one fourth of fibula were removed.

In the upper extremities it is essential to get fibrous ankylosis of the joint, and semi-flexion of the fore-arm upon the arm, even if great shortening results; in the lower extremities, osseous ankylosis, length, stability, and strength being the *desiderata*, after an excision or resection. When compact tissue is removed from the shaft of a bone for necrosis, callus is thrown out around the bone;

if the cancellous tissue is involved the cavity left is filled with fibrous tissue, which finally ossifies. In speaking of caries and necrosis, Mr. Erichsen states that occasionally a very considerable extent of the shaft, indeed, even the whole of the tibia may be removed as a loosened sequestrum from the interior of the periosteum, more or less consolidated and strengthened by the deposit of new bone. The result from excision is usually very satisfactory, the limb that is left being strong, useful, and sound.



At a clinic in Bellevue Hospital, in the fall of 1885, Prof. James R. Wood presented to the students a number of cases of excisions of the tibia and fibula in persons on whom he had operated successfully, removing one or both bones of the leg, and, with the exception of the cicatrix on the front surface of the leg for an index, it was difficult for the students to say which had been the disabled limb. Mr. Erichsen relates several cases (pages 253-4) in whom the knee-joint had been removed by excision. In one, that of a sailor, who was able seven years after the operation to perform all the duties of his calling; another, that of a boy, who could run and walk rapidly, or hop two or three yards without putting the sound limb to the ground.

Listerine proved in this case to be as good an antiseptic in every respect as bichloride

of mercury solution (strength, 1-2000). Reproduction of bone has begun, and can be felt from the ankles to the tubercles of the tibiae. It is difficult to state how long it will be before the legs will be useful members. From present indications, however, it seems safe to say that in two or three years from the date of the operation reformation and consolidation of bone will be complete.

The figure here presented was made ten months after the operation. The finale of this case will be reported in due time to the readers of the Louisville Medical News.

STANFORD, KY.

Miscellany.

THE INTERNATIONAL MEDICAL CONGRESS—MORE RESIGNATIONS FROM THE RECONSTRUCTED LISTS OF OFFICERS AND COMMITTEES.—The following was adopted, on July 17th, by the members of the profession in Cincinnati and vicinity who were appointed to office by the Chicago Committee :

WHEREAS, The recent action of the American Medical Association with reference to the organization of the proposed International Medical Congress was, we believe, detrimental to the best interests of the Congress, therefore,

Resolved, That we, the undersigned, nominated members of the Congress, hereby decline to serve.

P. S. CONNOR,	J. C. REEVE,
F. FORCHEIMER,	W. W. SEELY,
S. NICKLES,	J. T. WHITTAKER,
THAD. A. REAMY,	E. WILLIAMS,

AND STILL THEY COME, OR, RATHER, GO. Dr. W. A. Hardaway, of St. Louis, has declined the Presidency, and Dr. J. Nevens Hyde, of Chicago, the Vice-Presidency, of the Section of Dermatology and Syphilis in the new organization of the Congress.

Drs. George M. Sternberg and R. H. Shufeldt, U. S. A., E. Van de Warker, of Syracuse, N. Y., William Lee, of Washington, J. M. Keating and George E. De Schweinitz, of Philadelphia, have also declared their intention to decline office.

Drs. Senn and Englemann have resigned from the General Committee.

A BLACK EYE FROM THE AMERICAN OPHTHALMOLOGICAL SOCIETY.—This far-seeing body, at its recent meeting held in New London, Connecticut, put the optic apparatus of the Reconstruction Committee in hypopion by taking action as follows:

Resolved, That it is the sense of the American Ophthalmological Society that the action of the

American Medical Association at its late meeting in New Orleans, and of the enlarged Committee appointed at that time to make arrangements for the International Medical Congress, in overturning much of the carefully planned work of the original Committee appointed at Washington for the same purpose, was unwise and not to be defended, unless, possibly, on technical grounds; and this Society hopes that none of its members will indorse the action of the enlarged Committee by accepting official positions at its hands.

HOW IT LOOKS WHEN VIEWED IN PERSPECTIVE OVER SEVERAL THOUSAND MILES OF BRINE.—The London Medical Times and Gazette comments on the situation as follows:

There is a very unfortunate discussion going on at present in professional circles in America, which, it is quite possible, may turn out disastrously for the International Medical Congress which it has been decided to hold in Washington in 1887. It will be remembered that a small committee of the American Medical Association was nominated by the executive of the Copenhagen Congress, with full power to add to their number, and to act on behalf of their professional brethren. Carrying out their mission, they chose as colleagues twenty-eight leading American practitioners, especially selected on account of their standing in the profession, and drew up the programme which has already been published. Subsequently, when the Committee reported to the meeting of the American Medical Association at New Orleans, exception was taken to their proceedings on the plea that they had exceeded their powers, and had no commission to act on behalf of the Association. The jealousies that had been roused among those who had been passed over in the co-optative selection were worked upon by two or three pushing wire-pullers, and, in the end, resolutions were passed, revising the work of the Committee, and substituting a committee of thirty-eight men selected from the different States and Territories for those added to their number by the original Committee. At a subsequent meeting, the results of which we are daily expecting to hear, the subject was again to come under consideration, and we learn that it was the intention of all the leading practitioners in the States to withdraw from the Congress, if the decisions of the original Committee were not treated with more respect. We sincerely hope that the profession in America will strenuously support their recognized leaders; otherwise they will make an exhibition of themselves to the world, and, besides imperiling the future success of those international gatherings which have hitherto been conducted with so much harmony, will distinctly lower the respect in which the profession is held throughout the world.

UTERINE FIBROMATA AND CASTRATION.—Dr. W. Wiedow, a docent in the University of Freiburg, contributes some statistics on the above subject to the *Archiv f. Gynæk.* The cases embraced in his paper number one hundred and forty-nine; fifteen died in consequence of the operation—certainly

rather a high percentage—ten per cent. Some months after the operation seventy-six could be considered as cured, while in fifty-two others, after the lapse of a year, a decided improvement had taken place, either in diminution in the size of the tumor, or lessened hemorrhage. He considers the fibro-cystic and pediculated subserous tumors of the uterus unsuitable for the operation. Myomotomy here affords the only effective treatment. Removal of the fallopian tubes *alone* is not a proceeding to be recommended.—*Medical Press.*

USE OF THE MEMBRANES IN LABOR.—In an article in the Chicago Medical Journal and Examiner, Dr. Byford makes a strong plea for non-interference with the membranes during labor, or until they protrude through the vulva. The presence of the bag of waters he maintains favors gradual dilatation, serves to protect the parts from laceration, and prevents irregular contraction of the uterus. He regards it as strange that obstetric science should teach the deliberate breaking up of the simple process of nature and substitute an unnatural and artificial one.

ANTIPYRINE IN SUN-STROKE.—Dr. Benj. F. Westbrook reports, in the New York Medical Journal (July 25th), two cases of sun-stroke treated by hypodermic injections of antipyrine. They were both severe cases, the temperature ranging from 107.50° to 110°, being accompanied by coma and convulsions. Half-dram doses of a fifty-per-cent solution of antipyrine hypodermically together with cold applications and phlebotomy were given and with success. One of the cases was very severe.

HEAT AS AN OXYTOCIC.—Dr. W. B. Arbery, in the Medical Record, says that he has used heat locally over the uterus to facilitate labor, and with much satisfaction. Even after large doses of ergot and quinine had been given with little benefit, a large hot mush-poultice placed over the fundus of the womb, and repeated when it becomes cool, has acted promptly. He claims this as a new idea, and is anxious that it be given a trial. The poultices should be kept as hot as can be borne.

DR. JOHN STAIGE DORIS, Professor of Anatomy and Materia Medica at the University of Virginia, died July 18th, of paralysis.

THE PRICE OF COCAINE.—Dr. E. R. Squibb, in the *Ephemeris* for July, states that, owing to the large shipments made recently of the coca leaves, the price has fallen, and that the hydro-chlorate of cocaine will now be furnished at ten cents a grain. The leaves cost fifty cents a pound. Thirty-three grains of the alkaloid are obtainable from a pound of the leaves. The cost of this extraction is one dollar and twenty cents, thus making the actual cost of the salts about five and a fraction cents a grain. This price will certainly contribute to its more extensive use.

CUPROUS HYDROGEN ARSENITE.—A farmer in the neighborhood of Louisville was last week accidentally poisoned by paris green. While sprinkling the drug on his potato vines (as is the wont of all farmers in this section) for the purpose of destroying the Colorado beetle, he took from his pocket a piece of tobacco which proved a ready carrier of the deadly poison from his fingers to his mouth. The drug took rapid effect, and the patient was past recovery before medical aid could be had.

THE editors of the *Journal of Cutaneous and Venereal Diseases* call attention to the apparent deterioration in the strength and activity of chrysarobin (chrysophanic acid). It is maintained that the samples of this drug now on the market are inferior in quality to that formerly furnished, requiring two or three times as much to produce the effect desired.

PROFESSOR TYNDALL'S GIFT TO AMERICAN COLLEGES.—The *British Medical Journal* states that the proceeds of Prof. Tyndall's lectures in the United States in 1872, which with the accumulated interest now amount to \$32,400, are to be divided equally among Columbia College, Harvard University, and the University of Pennsylvania.

SURGEON JOSEPH H. BILL, of the army, died at Yonkers on the 21st ult. The deceased was a native of Pennsylvania. He was a member of the Army Medical Service for twenty-five years, and won rank and fame as a brave and efficient officer during our late war. His death is said to have been due to Bright's disease.

THE PIROGOFF MEDICAL SOCIETY.—The medical profession of Moscow and St. Petersburg have founded a medical society in

memory of Russia's greatest surgeon, Pirogoff. Its officers have been duly elected, and the first general meeting will be held in St. Petersburg from the 27th to the 30th of next December.

THE first issue of *DANIEL'S MEDICAL JOURNAL* is before the profession. It is bound in flaming red covers, which are in keeping with the red-hot matter to be found within. The editor, who is also its publisher, lives in Austin, Texas. The journal is a monthly of 57 pages. Its subscription price is \$2.00 per year.

THE CARTWRIGHT PRIZE.—The College of Physicians and Surgeons of New York has this year awarded the Cartwright prize of five hundred dollars to Dr. William Russell, of Edinburgh, for an original thesis on "The Heart in Debility." The prize is open to universal competition.

AT the recent meeting of the American Otological Society, the following officers were elected: President, Dr. J. S. Prout, Brooklyn; Vice-President, Dr. Samuel Sexton, New York; Secretary and Treasurer, Dr. J. J. B. Vermeyne, New Bedford, Mass.

DR. JOHN L. ATLEE, ex-President of the American Medical Association, and a surgeon of national reputation, died in Lancaster, Pa., July 18th, aged eighty-six years.

DR. N. SENN, of Milwaukee, Wis., has been appointed to the chair of Principles and Practice of Surgery in the College of Physicians and Surgeons, of Chicago.

AN International Congress to combat the abuse of alcoholic drinks, is announced to be held at Antwerp on the 11th and 12th of next September.

IN 1865 the United States claimed to have 24,042 insane persons; in 1870 the number was 37,432, and in 1880 it had reached 91,959.

ACCORDING to Dr. Gordon the circulation of the blood was familiar to the Chinese physicians two thousand years ago.

DR. E. W. LANE reports, in the *Atlanta Medical and Surgical Journal*, a case of double uterus, with a fetus in each cavity.

The Louisville Medical News.

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H. A. COTTELL, M.D., - - - - - Editor.
J. MORRISON RAY, M.D., - - Assistant Editor.

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Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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THE CHOLERA PROSPECT.

The early reappearance this year of cholera in Southern Europe, its evident foothold in Southern France, and wild ravages in Spain have made the inhabitants of Northern Europe and our own country justly solicitous as to its behavior, since there was good reason to believe that the disease would in this, its second season, take up the cosmopolitan line of march, as history shows it to have done upon the occasion of its former visits to Europe.

As the summer advances, however, a sense of security seems to be settling over the public mind as if all grounds for fear of the unwelcome visitor had been removed, and while this feeling is well from a psychic point of view, there is danger that it may become pernicious by favoring the neglect of sanitary precautions.

'Tis true that this epidemic has so far not fulfilled the prophecies of the epidemiologists; it holds to the southern latitudes with remarkable persistency, and manifests no tendency to spread northward. How far this territorial limitation of the disease may depend upon recent advance in our knowledge of its etiology, and, through this, cer-

tain valuable suggestions as to the problem of its management, can not at this time be said; but it is clear that in spite of medicine, sanitation, and Ferran, cholera is playing wild havoc in Spain, and making mischief in Southern France, from the ports of which lands it may at any time during the next three months be thrust upon our shores, to be held at bay, we trust, by our presumably efficient coast quarantine service.

Some of the doings of the pestilence in Spain may be seen in the following, from the *Lancet* of July 11th:

First, the disease showed itself in an epidemic form in the Province of Castellon, where nearly 3,000 cases and some 1,200 deaths have occurred; then the Province of Murcia was attacked, and so far nearly 4,000 cases and some 1,500 deaths have taken place there; next comes Valencia, where over 9,000 cases and some 4,400 deaths have occurred. Toward the end of June the Province of Alicante became widely infected, and hitherto there have occurred there about 1,400 cases and over 500 deaths; Toledo Province was attacked about the same time, and some 250 cases and over 100 deaths have occurred there; and in the Province of Saragossa the cases and deaths have numbered some 650 and 250 respectively. As regards the towns most affected, the city of Murcia has lost over 500 inhabitants, that of Valencia over 1,100, and in Aranjuez about 522 have died. Indeed, the deaths which have already occurred in Spain from cholera alone, since the beginning of June, considerably exceed 10,000 in number, and day by day the fatality and extent of the epidemic seem to be on the increase.

This frightful account of suffering and death, in a country no more remote than Spain, is certainly no soporific for those who have the public health in charge, and while the physician in no case should play the rôle of the alarmist, he should see to it that the possibility of a cholera visitation, during the summer and fall, is not lost sight of by his *clientele*, while it is made, under his wise counsel, to bear the salutary fruits of personal and public hygiene so far as the sphere of his influence may extend.

THE EASTERN MEDICAL JOURNAL, of Worcester, Mass., will hereafter be issued as a fortnightly.

Bibliography.

A Treatise on Practical Chemistry and Qualitative Inorganic Analysis; adapted for use in the Laboratories of Colleges and Schools. By FRANK CLOWES, D. Sc., London, Professor of Chemistry at University College, Nottingham, etc. With illustrations from the fourth English edition. Philadelphia: Lea Brothers & Co. 1885.

A few years ago we gave an extended notice of the third English edition, finding occasion for praise, but also for critical comment. We regret that the author sees fit to retain his peculiar double nomenclature for iron and mercury.

This is not a serious matter, but it gives to the book an appearance of singularity out of harmony with most text-books. In its substance, the work leaves little to be desired. We notice that a working description of the spectroscope as an instrument for chemical analysis has been introduced in the third section. There are many new illustrations, and in places there has been a change of the text for the better.

It can fairly be recommended as a clear and systematic guide for laboratory classes in general chemistry.

For medical students it is not sufficient, as it gives no space to the analysis of urine, blood, milk, and other animal fluids, and on the other hand devotes a great deal to the examination of many salts found in soils which are of no pharmaceutic or physiological importance whatever. J. W. H.

Second Report of the State Board of Health of the State of Tennessee; October, 1880, to December, 1884. Published by authority. J. Berrien Lindsley, M. D., Secretary and Executive Officer, Nashville, Tenn. 8vo, pp. xx and 600. Nashville: Albert B. Tavel, Printer to the State. 1885.

Cholera: Its Origin, History, Causation, Symptoms, Lesions, Prevention, and Treatment. By Alfred Stillé, M. D., LL. D., Professor Emeritus of the Theory and Practice of Medicine in the University of Pennsylvania. Cloth, 8vo, pp. 164. Price, \$1.25. Philadelphia: Lea Bros. & Co. 1885. For sale by John P. Morton & Co.

A Text-book of Physiology. By M. Foster, M. A., M. D., F. R. S., Prelector in Physiology and Fellow of Trinity College, Cambridge. Third American from the fourth and revised English edition, with

extensive additions and notes by Edward T. Reichert, M. D., Demonstrator of Experimental Physiology in the University of Pennsylvania. With two hundred and seventeen illustrations. 12mo, pp. 910. Cloth, \$3.25, leather, \$3.75. Philadelphia: Lea Bros. & Co. 1885. For sale by John P. Morton & Co.

A Text-book of Medical Physics. For the use of students and practitioners of medicine. By John C. Draper, M. D., LL. D., Professor of Chemistry and Physics in the Medical Department of the University of New York, and of Natural History and Physiology in the College of the City of New York; author of "A Text-book on Physiology and Hygiene," and "Practical Laboratory Course on Medical Chemistry." With three hundred and seventy-seven illustrations. Cloth, 8vo, pp. 733. Price, \$4.00. Philadelphia: Lea Bros. & Co. For sale by John P. Morton & Co.

The London Medical Student and Other Comicalities. Selected and compiled by Hugo Erichsen, M. D. Published by Dr. H. Erichsen, 11 Farmer Street, Detroit, Mich. Price, \$2.00.

We regret that in our recent editorial comment upon this work its author was not named as the publisher. We make the correction here with the hope that every reader of this journal, who finds his humor at low ebb under the desiccating influence of our present heated term, will lose no time in providing himself with Dr. Erichsen's great restorative.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

In a recent paper entitled, *Facts about Cholera*, by Surgeon-Major I. F. Sargent, of the Indian Medical Department, he says that after having seen five epidemics of cholera he is led to regard the disease as in no way contagious in the ordinary sense of the term. In his experience no attendants or others about the patients have ever been attacked.

All who had treated cases in India were aware that when a sick person was brought in from a bazaar he was accompanied by his immediate relations, and often by a whole family, who remained in the closest communication with him. In the case of an outsider without friends, certain of the

hospital staff were always detailed to look after him, yet the writer had never known cholera to break out among the infirmary establishment at all. Sepoys suffering from the disease were always treated in hospital as long as there was room for them, in the category with the sick who required frequent attention, and he had never seen a patient in the institution, convalescent or otherwise, seized with the complaint.

At a meeting of the West London Medico-Chirurgical Society, Mr. Burrows gave a demonstration on the various digestive ferments, especially trypsin, and vegetable and animal diastase, and illustrated it by numerous experiments. He first added some *extractum pancreatis* (Fairchild), and in a few minutes he showed that no casein was precipitated on the addition of hydrochloric acid, it having been converted into peptone. Specimens of peptonized milk were handed round, which had no bitter taste whatever, and also some peptonized beef-tea, in which the proteid constituents had been converted into peptones by the action of the trypsin ferments of the *extractum pancreatis*. Mr. Burrows then showed, in the usual way, how rapidly the pancreatic diastase in the same extract converted starch into glucose and the intermediate products of digestion; and the same action was shown to take place with the Kepler extract of malt. Some delicious foods, as jellies, prepared with peptonized milk and fruit juices, were distributed for the members to taste. For general use, in peptonizing milk, the powders contained in glass tubes were recommended, each containing five grains of *extractum pancreatis*, and fifteen grains of soda-bicarbonate, the quantity required to digest a pint of milk in twenty minutes. Half a dram of the *extractum pancreatis*, and twenty grains of soda would digest a quarter of a pound of raw meat in three hours.

As president of the Royal and Ancient foundation of St. Bartholomew's Hospital, the Prince of Wales has opened the Kettlewell Convalescent Home at Swanley, which is to be devoted to the use of patients from the hospital. Fifteen or sixteen years have elapsed since the governors first considered the desirability of obtaining a home where patients treated within the hospital might regain their health and strength before resuming their various occupations. No funds, however, were available for such a purpose, and the present treasurer, Sir Sydney H. Waterton, Bart., M. P., provided

and fitted Lauderdale House, Highgate, with thirty-two beds for male patients, and placed the building and its contents at the disposal of the governors until they were enabled to establish a permanent one. In 1883 Mr. Charles T. Kettlewell, a governor of the hospital, being desirous of erecting a lasting memorial to his brother, Mr. Henry W. Kettlewell, generously contributed a sum of £10,000, for the erection of a convalescent home. Another governor, who desires to be anonymous, presented £5,000 to purchase the site of the buildings and the grounds. On June 14, 1883, the foundation-stone was laid by the Rev. S. Kettlewell. As the work progressed it was found that an additional sum of £5,000 would be necessary to complete the structure externally and internally in accordance with the wish of the governors, and upon this being represented to Mr. Kettlewell he gave this sum, and also £1,000 toward the furnishing of the home. Mr. Ebenezer Homan, a governor and almoner of the hospital, has erected a chapel for the use of the inmates at a cost over £2,000. The governors have, at a cost of £10,000, constructed a laundry, fitted with machinery and appliances of the most approved kind. This adjunct will prove of great value both from an economical point of view and from the fact that it will assure perfect arrangements for the cleansing of the clothing and other articles used by the patients and female staff. The home has accommodation for seventy inmates—forty-five males and twenty-five females. The importance of this institution to the poor patients passing through the wards of St. Bartholomew's Hospital can not be overestimated, assisting, as it will, by quietude, rest, change of air, and good food, the treatment which has been carried out by the staff of the parent institution.

After the termination of the meeting of the Association in Cardiff, Messrs. Thomas Cook & Son, the well-known conductors of tourist expeditions, propose to conduct a party through Devonshire and Cornwall. The tour will occupy one, two, or three weeks' time, according to the inclination of those joining it. Already a number have done so.

At the last meeting of the Ophthalmological Society of the United Kingdom, Mr. Lang showed a mother and son suffering from the rare disease of congenital aniridia. In both subjects the iris on both sides was deficient. The patients had lateral nystag-

mus. The mother had a lamellar cataract in the right eye; the left eye had been cataractous, and had been operated upon unsuccessfully. The child had striæ in both eyes. The mother had had two other children; the second had aniridia, the boy shown being the third.

Dr. G. E. Paget, brother of Sir James, was, at the end of last term, presented by his old pupils and friends with a marble bust, which was placed in Addenbrook's Hospital, Cambridge, in consideration of his having been a physician to that institution for forty-three years. The subscribers to the memorial included the Prince of Wales and his eldest son, Prince Albert Victor. Speeches expressive of the deep esteem felt for Dr. Paget were made by Professor Humphrey on behalf of the medical staff of the hospital and by Dr. McAlister, on behalf of Dr. Paget's pupils.

The Sanitarium at Virginia Water, erected at the expense of the late Mr. Thomas Holloway, was formally opened by the Prince of Wales. The edifice cost nearly £300,000.

LONDON, July, 1885.

THE Mississippi Valley Medical Society (formerly Tri-State) will meet at Evansville, Ind., September 8, 9, and 10, 1885.

The officers are: President, Dr. F. W. Beard, Vincennes, Ind.; First Vice-President, Dr. A. B. Miller, Missouri; Second Vice-President, Dr. J. A. Sutcliffe, Indiana; Third Vice-President, Dr. E. H. Lockett, Kentucky; Secretary, Dr. G. W. Burton, Mitchell, Ind.; Assistant Secretary, Dr. H. J. B. Wright, Illinois.

Committee on Programme: Dr. A. M. Owen, Evansville, Ind., Chairman; Section on Surgery, Dr. W. A. Byrd, Illinois; Section on Practice and Pathology, Dr. Arch. Dixon, Kentucky; Section on Gynecology, Dr. George J. Engleman, jr., Missouri; Section on Obstetrics, Dr. George B. Walker, Indiana; Section on Therapeutics and Hygiene, Dr. J. F. Hibberd, Indiana; Section on Chemistry and Toxicology, Dr. J. G. Hyndman, Ohio; Section on Legal Medicine, Dr. Jacob Geiger, Missouri.

Gentlemen desiring to present papers, or wanting information concerning railroad rates, or programmes, will notify Dr. A. M. Owen, Evansville.

G. W. BURTON, *Secretary*.

MITCHELL, IND., July 28, 1885.

Societies.

MICHIGAN STATE BOARD OF HEALTH.

TYROTOXICON—CHEESE POISON: Abstract of a paper by Prof. V. C. Vaughan, M. D., Ph. D.

Dr. Vaughan presented a report of his investigations on poisonous cheese. It is well known that cases of severe illness follow the eating of some cheese. Such instances are of frequent occurrence in the North German countries and in the United States. In England they are less frequently observed; while in France, where much cheese is made and eaten, these cases are said to occur very rarely. A few years ago, the reputation of a large cheese factory in Northern Ohio was destroyed by the great number of cases of alarming illness arising from eating its cheese. Dairymen know this cheese as "sick" cheese.

Kinds of Cheese that are Poisonous. A German author says: "The numerous kinds of soft cheese, prepared in small families, or on small farms, are generally the cause of the symptoms; while it is quite exceptional to hear of symptoms arising from the use of cheese prepared in large quantities." Some two years ago, a family in Alpena, Michigan, was poisoned by eating of cottage cheese; but the cheese which poisoned so many in this State last year was made at one of the largest factories in the State, and by a thoroughly experienced cheese-maker. The old foul-smelling cheese, such as Limburger and Schweitzer, have never been known to be poisonous.

Effects of the Cheese. The symptoms produced by "sick" cheese, as reported by German and American physicians, agree quite closely and are as follows: Dryness of the mouth and throat with a sense of constriction, nausea, vomiting, diarrhea, headache, sometimes double vision, and marked nervous prostration. In rare instances the sufferer dies from collapse. As a rule recovery occurs in a few hours, or at most after a few days. The symptoms of cheese poisoning and those of sausage, canned meats, and fish poisoning are very similar. Though death results more frequently from the others mentioned than from cheese poisoning.

Appearance of the Cheese. The samples of the cheese examined had no peculiarities of appearance, odor, or taste, by which it could be distinguished from good cheese.

It is true that if two pieces of cheese—one poisonous and the other wholesome—were offered to a dog or cat the animal would select the good cheese. But this was probably due to an acuteness of the sense of smell possessed by the animal and not belonging to man. Indeed, if a person tasted a cheese knowing that it was poisonous, he might detect a sharpness of taste which would not ordinarily be noticed.

Have we any Ready Means of Recognizing Poisonous Cheese? There is no certain means aside from a chemical examination, by which a poisonous cheese can be distinguished from a wholesome one. The most reliable ready method is probably that proposed by Dr. Vaughan a year ago, and it is as follows: Press a small strip of blue litmus paper (which can be obtained at any drug store) against a freshly-cut surface of the cheese; if the paper is reddened instantly and intensely, the cheese may be regarded with suspicion. When treated in this way any green cheese will redden the litmus paper, but ordinarily the reddening will be produced slowly and will be slight. If the piece of cheese be dry, a small bit should be rubbed up with an equal volume of water, and the paper should then be dipped in the water. Dr. Vaughan does not regard the above test as free from error, but as the most reliable ready means now known. Every groceryman should apply this test to each fresh cheese which he cuts. The depth of the reddening of the paper may be compared with that produced by cheese which is known to be wholesome.

Effects on the Lower Animals. Dogs and cats, at least, are not affected by eating poisonous cheese. This is probably due to the fact that they do not get enough of the poison from the amount of cheese which they eat. The pure isolated poison in sufficient doses would undoubtedly produce upon the lower animals effects similar to those produced on man.

Nature of the Poison. Dr. Vaughan has succeeded in isolating the poison, to which he has given the name tyrotoxicon (from two Greek words which mean cheese and poison). It is a product of slight putrefaction in the cheese which probably occurs in the vat, as the curd has been known to poison a person. By this slight putrefaction, or excessive fermentation as it may be called, a large amount of butyric acid is formed, and this in the presence of the casein of the cheese is capable of developing a poison. Different samples of poisonous cheese con-

tain different amounts of the poison. The same weight of cheese from one cake furnished three times as much poison as that from another cake. The poison was obtained in long needle-shaped crystals which are freely soluble in water, chloroform, alcohol, and ether. The smallest visible fragment of a crystal placed upon the end of the tongue causes a sharp stinging pain at the point of application, and in a few minutes, dryness and constriction of the throat. A slightly larger amount produced nausea, vomiting, and diarrhea. The poison is volatile at the temperature of boiling water, and for this reason even poisonous cheese may be eaten with impunity after being cooked. The substance has also a marked, pungent odor, and through the nose one can obtain sufficient of the volatile poison to produce dryness of the throat. This is true, however, only of the isolated poison. In the cheese the taste and the odor of the poison are both modified to such an extent that they would not be recognized, as has already been stated.

The first step in the study of cheese poisoning has now been taken, by finding out what the poison is. Efforts will be made to ascertain the means for preventing its formation.

Selections.

TOXIC NORMAL URINE.—In a recent communication to the Société de Biologie, Prof. Bouchard has drawn attention to the poisonous effects that may be produced by normal urine when injected into the blood, even in small quantities. This toxicity has been a disputed question for a long time past, some affirming and others denying it; but the weight of evidence is on the affirmative side, although opinions differ as to the immediate poisonous agent—urea, uric acid, kreatin, and even the urinary potash-salts having in turn been held responsible.

Some years ago, MM. Gautier and Pouchet discovered alkaloids not only in putrid albumens, but also in bile and in normal muscle-juice; and M. Pouchet further discovered a new body in the urine, comporting itself as an alkaloid, and which in combination with hydrochloric acid, could form double salts with platinum, gold, and mercury. In 1881, MM. Brouardel and Boutmy made known a distinguishing reaction between the vegetable alkaloids and the pto-

maines or alkaloids of putrefaction. The ptomaines alone, in presence of potassic ferricyanide and ferric chloride, give the Prussian blue coloration. But the discoveries of Selmi, Gautier, Pouchet, Brouardel, and Boutmy, however useful to legal medicine, shed little or very imperfect light upon human pathology or therapeutics. These alkaloidal matters were merely considered the results either of putrefaction or of the ordinary processes of tissue-life. It was reserved however, for M. Brouardel to make an important advance in the knowledge of these bodies by demonstrating that, in the living state, alkaloids exist in the bodies of living beings, which have been generated in the alimentary canal, and probably elaborated by the vegetable organisms there present acting as the agents in intestinal putrefactions. The alkaloids of normal urine represent part of these intestinal alkaloids which have been absorbed and further elaborated by the kidneys.

The effects of intravenous injections of urine containing these alkaloids have been studied; and to meet the objection that might be made as to the resulting phenomena being of a mechanical nature, it may be stated that we can inject into an animal, without the least inconvenience, ninety cubic centimeters of water for every kilogram of its body weight. In the injections, of urine, the quantity used never amounted to the tenth of this amount; the effects were, therefore, not mechanical, but of a true toxic nature. Fifteen to twenty-five drops of normal urine, neutralized or not, injected into the veins of a frog, sufficed to kill it. When rabbits were experimented with, M. Brouardel noted contraction of the pupils, less frequent respiration, loss of muscular tone and of reflex movements, fall of temperature, and finally a state of torpor which quickly terminated in death when the dose was sufficiently great. The animal dies from arrest of respiration, the heart continuing to beat for some time after. The symptoms vary in intensity with the quantity of urine injected. When the animal survives the muscular resolution persists for some time, and the functions are re-established after an abundant diuresis. The condition here, it may be noted, closely resembles that of many uremics.

Having thus established the toxicity of urine, M. Bouchard next attempted to determine the toxic agent present. Although Gréhuat and Quinquaud have proved that urea possesses undoubted poisonous prop-

erties, yet M. Bouchard has shown that at least 6.66 grams of it for each kilogram of body-weight must be injected to cause an animal's death; and that thirty-four centigrams of uric acid for each kilogram of body-weight may likewise be injected with impunity. The kreatin and the other chief extractives were likewise found to be comparatively harmless, while the potash-salts, although undeniably toxic, produced phenomena quite different from those detailed above, besides being present in too small a proportion in the small quantity of urine injected to produce any marked effect. M. Bouchard also finds that, when urine has been filtered through animal charcoal, it has been deprived of some of its toxic properties without losing them entirely. He, therefore, concludes that there are numerous poisonous principles present, which do not reside in one, but in several of the urinary constituents. And that they are not of a volatile nature is proved by the fact that boiling the urine does not lessen its toxic properties, and further that these latter persist in urinary extracts. The alcoholic extract is toxic, but it does not cause contraction of the pupils, salivation, however, resulting freely. And it may be remarked here in passing that a somewhat similar alkaloidal substance appears to exist in muscle, liver-substance, and blood, which can be extracted by a similar proceeding. If the residue of the urine after it has been extracted with alcohol be dissolved in water and injected into the veins of an animal, much graver symptoms are induced than when the alcholic extract is injected—such, for example, as lowering of the temperature, contraction of the pupils, and coma. M. Bouchard, moreover, finds that the toxic qualities of urine are much intensified when the individual who has passed it is suffering even from a slight "cold" or catarrh, or from extreme fatigue. And recently it has been demonstrated by MM. Lépine and Guérin that the urinary alkaloids are also increased in different acute diseases, the degree of toxicity varying both qualitatively and quantitatively.

So much has been done, but so much is still to be done. It remains for chemists to solve the nature of these different urinary alkaloids, to make known their properties in the so-called infectious diseases, and to discover reagents which will readily detect their presence. To demonstrate in the urine poisonous substances that have circulated in the organism of a patient, and to

recognize, isolate, and study them—is not this the opening up of a way to rational medication, and may we not hope thereby to gain a knowledge of medicines that will act as real antidotes? In attempting the cure of certain septic diseases by the absorption of antiseptic remedies, the reproach has been incurred of killing the patient while attempting to destroy the microbe. But with the discovery of soluble toxic substances in the urine, substances that have circulated through the organism, may we not hope that better results will be obtained by leaving the impalpable microbes alone, and attacking and neutralizing the alkaloids generated by their agency?—*British Medical Journal*.

TREATMENT OF CERTAIN SKIN DISEASES OF CHILDHOOD. (*Arch. f. Kind.*, B. vi. H, 2.) The following observations are taken from the annual report of the St. Joseph's Hospital for Children in Vienna, for the year 1883: Moist eczema in children was found to yield readily to a soap-plaster containing from five to twenty per cent. of salicylic acid. Mild cases were cured in eight days, severer ones yielded in from two to three weeks, or, at any rate, the stage of scaling would be reached. In cases of general eczema, both papular and squamous, and in intertrigo, very good results were obtained by the use of Lassar's salicylic paste, formula for which is:

R. Acidi salicyl.,	2 to 4 gr.;
Vaselini,	50 gr.;
Zinci oxidati,	} aa 25 gr.
Amyli,	
M. and ft. pasta.	

This paste should be rubbed upon the diseased surface and covered with cotton, a protective and non-irritative covering being thus formed. It was found to be far less irritating than the fatty applications. Scabies yielded the best results to the modified unguentum Wilkinsonii, which was rubbed twice into the skin, the patient being then left in bed for thirty-six hours, and the consequent eczema, if any, treated with salicylated soap-plaster, gelatine, or paste. In cases of prurigo, baths with plenty of soap succeeded in some cases; in others, the five-per-cent naphthal salve of Kaposi. In some cases of this affection a very weak solution of pilocarpin may be given, and continued until it is no longer tolerated. In *lupus vulgaris* good results followed the use of a ten-per-cent mixture of pyrogallic acid ointment; iodized glycerine, etc. In a case

of papillary hypertrophic lupus, a sublimate solution of one tenth of a gram in one hundred grams of water was used five weeks without any consequent good result—*Archives of Pediatrics*.

THE IMPORTANCE OF SHAMPOOING AND GYMNAS TIC EXERCISE IN THE TREATMENT OF EPILEPSY.—Dr. John Kent Spender, Physician to the Mineral Water Hospital, Bath, says, in the *British Medical Journal*:

Whatever may be the healing virtue of "rest" in a surgical sense, there are diseases in the treatment of which too much bodily rest and too much sleep may be medically injurious; that is to say, they are injurious in adding to the lethargic dullness which is the natural sequel of certain morbid processes; so that our duty as physicians lies in counteracting by outward means the depressing effects of internal and invisible forces. I do not wish to say that drugs have been too highly estimated in treating epilepsy; their effects are more striking than in the treatment of other diseases, and are one of the approximate certainties of medical art; but other remedial agencies have been valued too little. It may be proper to think of drugs first; but long ago Dr. Russell Reynolds recommended "wholesome mental exercise," and I wish now to add a plea on behalf of wholesome bodily exercise as well. Bodily exercise means bodily education, or the training of the muscles into stronger and more harmonious action; and, by soothing and regulating the motor nerves, all the disorderly phenomena of epilepsy may be brought into comparative subjection and quietness.

Among the useful hints which have been offered by Dr. Radcliffe on this subject, he has warned us that the "sleepy epileptic" must be roused early and made to leave his bed. Similarly, the stupid and idle epileptic must be summoned to his martial drill, and his senses kept "alive" by stir and movement. But even when the faculties are acute and femininely sensitive, the stultifying effects of the long-continued epileptic convulsion may be appropriately met by gymnastic exercises and by systematic shampooing of the whole body. In February, 1884, Dr. Radcliffe kindly intrusted to my care an epileptic lady of middle age, refined in manner, but almost emaciated in form, and the mother of two healthy and happy young children. Medicines of a special kind had been administered, including

cod-liver oil; but, during the last few months, the steady improvement has been materially quickened by the following plan of action. The body is sponged with hot water every day; the arms are moved up and down frequently (this expands the narrow chest), and clubs of moderate weight are raised with the hands. Walking in the open air has been encouraged on all possible days. Once a week, a professional shampooer comes and carries out a complete massage of the whole body. Two epileptic girls, children of farmers in a neighboring county, have rapidly improved under similar management.

What I have now written is probably quite familiar to experts in neurology; but Trousseau says nothing about it, and, in the best English monographs, the hygienic treatment of epilepsy receives scanty recognition. Assuming that a rational scheme of medication is adopted in any given case, I claim that regular shampooing and gymnastic exercises may greatly help our therapeutic work, and sometimes make all the difference between success and comparative failure.

A CASE OF OBTURATOR HERNIA.—Cases of obturator hernia are so uncommon and present such difficulties of diagnosis and treatment, that it may be well to place the following one on record, although strangulation had been in existence for so long that there was little hope of any treatment giving relief, and that adopted did not save the patient.

E. F., a woman aged forty-five, was admitted under my care into University College Hospital on May 29, 1884, at 8 P. M., with symptoms of intestinal obstruction. We were unable to obtain any good previous history of the case, and the notes do not mention the length of time from which she had been suffering from symptoms of complete obstruction; but they had been in existence for several days, I think about five, and she had for some time been bringing up fecal vomit. She was, on admission, in a state of great collapse, with small pulse, cold extremities, and a marked blue color of the skin. She complained principally of pain about the region of the umbilicus, or rather above it, and it was only on carefully examining all the hernia regions that it was found that there was distinct tenderness and slight fullness in the left Scarpa's triangle. On questioning her about this point, she allowed that for a

long time past she had been subject to pain in this part, which extended down the front of the thigh and which was subject to variations, and was relieved by lying down; but it was evident that occasionally it had caused her considerable inconvenience. The diagnosis apparently lay between some twist or internal strangulation and an obturator hernia (though the possibility of the obstruction depending upon the presence of a tumor was not lost sight of,) and, considering that the former was not improbable, and that if it were the latter it could probably be safely dealt with by abdominal section, I proceeded to operate at 9 P. M. An incision about four inches long was made between the umbilicus and the pubes through the abdominal wall, and a piece of great omentum which lay beneath the incision and which was much matted together, was first drawn out of the wound. The index finger of the left hand was then at once passed down to the obturator foramen, and there was no difficulty in detecting the fact that a portion of bowel was tightly strangulated in the upper part of the obturator foramen. It was quite impossible without employing undue force to draw this back, so a blunt-pointed bistoury was carefully passed down along the finger, and by directing the edge inward the constricting ring was divided and the gut was reduced. The division of the stricture at such a depth from the surface and with the coils of intestine surrounding the finger was a matter of some difficulty, but when it was accomplished the gut was drawn up with ease. It proved to be a part of the small intestine, about two inches long; it was of a bluish color, but rapidly became red under observation. It was also seen that the previous traction had caused two slight rents in the peritoneal coat, which passed obliquely across the gut, the edges of which were accordingly drawn together with continuous sutures of very fine catgut. The lacerations bled readily. The portion of protruded omentum was then ligatured in two places and removed, the stump being returned, and the abdominal incision was approximated. The patient did not rally after the operation, though she took nourishment, including a good supply of brandy, well. The vomiting stopped, but her extremities remained cold and became more blue, and her skin was bathed in a cold perspiration. Towards the afternoon of the following day an excited delirium set in, and in the evening she died.

The autopsy revealed the fact that the portion of gut which had been constricted was about eighteen feet from the pylorus, and that its mucous membrane was dark and opaque from extravasated blood. There was slight peritonitis around the piece of gut which had been included in the hernia, the coils in this region being adherent to one another and to the pelvic wall by recent lymph. There was also a little reddish fluid in the peritoneal cavity. The hernial sac was of small size, and lay immediately beneath the pectineus muscle. Beyond considerable hypostatic congestion of the lungs, nothing else worthy of note was learned from the post-mortem examination.

I do not wish to bring this case forward in order to advocate the method of treating obturator hernia by abdominal section in preference to the operation in Scarpa's triangle, though it is probable that the latter is a more difficult procedure. The abdominal section is not an altogether simple matter, and it no doubt involves certain risks which are not encountered in the other operation. It was selected in this case because the symptoms, while obvious enough to direct attention especially to the obturator region, were not thought to be clear enough to negative the possibility of the mischief being found in the locality to which the greater part of the pain had been constantly referred; and it was argued that if the latter had been the case, an abdominal section following the necessarily tedious operation in the thigh would have been a very serious matter in the exhausted condition of the patient. An important lesson to be learned from the case is the extreme care which should be exercised in making traction on the intestine in a patient whose tissues, as they were in this case, are all in a very flabby and easily lacerable condition.
R. J. Goodlee, in Lancet.

PARASITICIDES IN THE TREATMENT OF PULMONARY PHTHISIS.—In one of Dr. Hermann Weber's interesting Croonian Lectures on the hygienic and climatic treatment of chronic pulmonary phthisis, which have lately appeared in the *Journal*, he expresses a hope that some means may eventually be discovered of destroying the bacillus and its spores, either in the air we breathe, or in our tissues, without injury to ourselves. I have long thought that, if we are to contend successfully with phthisis, and set some limit to its diffusion, it is in the direction

here indicated that our labors may most profitably be expended; for, as Dr. Weber further remarks, "when once the system is infected, we do not yet know of any parasite-killing remedies which, in effective doses, would not injure the host together with the parasite." The mischief, in fact, is then done; the fatal seed is sown, the bacilli are protected within the tissues and secretions of the lungs, and antiseptics are comparatively useless.

On this subject of disinfectants, in their varied bearings, much has been written of late years; some apparently coagulate albumen, others oxidize organic matter, while others, again, are fatal to the growth and increase of microzymes. Many of these substances have long been used in cases of sickness, and, in numerous instances, beneficial results have followed their adoption. But, though we are often told that antiseptic gases, sufficiently potent to destroy contagium, can not be tolerated by the living tissues, we still know comparatively little regarding the amount of rough usage the respiratory organs are capable of enduring, not only with impunity, but, in some cases, with apparent advantage. The information we possess on this subject is certainly scanty; still, certain facts have been recorded which tend to show that healthy lung tissues may be beneficially influenced by the action of disinfectants, and, at times, seemingly protected from the inroads of bacillus. Whether in such cases these organs become so altered in their chemical composition or in their vital properties as no longer to prove a congenial soil for the growth of the parasites, or the bacilli and their spores are destroyed, we have at present no means of deciding.

In confirmation of these remarks, I would refer to what really may be looked upon as extended experiments on antiseptic remedies, continually and efficiently carried out in the northwestern highlands and islands of Scotland. The great majority of the inhabitants of these districts unwittingly expose their lungs to an atmosphere largely charged with disinfecting fumes; thereby teaching us a useful lesson on the extraordinary tolerance of the respiratory organs to such sources of irritation. I will briefly describe the mode of life of these highlanders, in so far as the construction and heating of their dwellings is concerned; as in this manner the singularly abnormal atmospheric conditions to which they are exposed may be most conveniently studied.

The houses to which I refer are known

in the highlands as "bothies," and are the homes of the hardy crofters, to whose grievances public attention has of late been strongly directed. Many of them live under the same roof as their cattle, and in numerous instances the air of the dwelling reeks with the impure exhalations given off from the excretions of these joint inmates of the cabin. The primitive dwellings are warmed by a peat-fire kept constantly burning in the center of the floor. The luxury of a chimney is often altogether unknown. The smoke which rises from the combustion of this fuel, after thoroughly diffusing itself through every nook and corner of the building, makes its escape by a hole in a corner of the roof. Now it may be asked, how is the health of these persons influenced by inhaling constantly, both by day and by night, such an atmosphere as this; an atmosphere so pungent, that considerable irritation of the eyes and nostrils is frequently experienced by those exposed to the fumes?

Generally speaking, these highlanders are remarkably vigorous and long lived, and singularly exempt from the ravages of tubercular phthisis. Indeed, so rare is consumption in these hovels, that I was led to investigate the causes of this immunity, upward of twenty-five years ago, and published the results of my inquiries in an article on the Non-prevalence of Consumption in the Hebrides, and along the Northwestern Coast of Scotland, which appeared in the British and Foreign Medico-Chirurgical Review for October, 1860. At that time, I visited most of the districts to which my investigations extended; and from what I saw and heard, I came to the conclusion that the comparative immunity from phthisis which these persons enjoy is to be ascribed chiefly, at all events, to the inhalation of the peat-smoke and the antiseptic ingredients contained therein, the tar, the creasote, and the tannin, together with various volatile oils and resins, black, unctuous peat being rich in these substances. At that time, I need hardly say, nothing was known of the bacillus of Koch. It further appeared that any exemption from attacks of consumption which these highlanders enjoyed was only extended to them so long as they resided in their smoky huts. When they migrated to other parts of the country, or took up their abode in chimnied dwellings, they often suffered like their neighbors; nor, after the lungs once became infected, was a return to the homes of their

fathers followed by favorable results. The fumes of the smoky cabin then exercised no curative influence.

The inference to be drawn from these remarks is sufficiently obvious. When the bacillus has once established itself in the lungs, the time for antiseptic remedies has gone by. On the other hand, where there is merely a predisposition to phthisis, whether hereditary or acquired, where also the climatic or social conditions for its diffusion are favorable, and where healthy persons are brought into close contact with those who are suffering from the disease, there it is reasonable to assume that disinfectants may prove of great value as prophylactics. Hence we may anticipate that, in the course of time, an efficient system of aerial fumigation will not alone assist the physician in warding off disease, but may enable the surgeon also to dispense with the cumbrous appliances associated with antiseptic dressings and the steam-diffusing urn.—*J. E. Morgan, in Brit. Med. Jour.*

THE MANAGEMENT OF PLACENTA PREVIA. Dr. McLean, in a paper read before the New York Academy of Medicine, March 26, 1885, arrived at the following conclusions regarding the management of placenta previa:

1. In any case of placenta previa avoid the application of chemical styptics.
2. Inasmuch as the dangers from hemorrhage were greater than all else, preparations to induce premature labor should be made.
3. In primiparous cases with rigid tissues, the vagina should be well distended with the colpeurynter or tampon until cervical dilatation had taken place.
4. It was safer to rely upon thorough continuous pressure by Barnes' dilator than upon pressure by the fetal parts.
5. Where the placenta was lateral or partial and there was no indication for hastening the labor, the method of Braxton Hicks might be practiced, consisting of turning by the bimanual method as soon as possible, pulling down a leg and with it and the breech of the child tamponing the ruptured placental vessels, and then letting the delivery be completed spontaneously, or aided by gentle traction.
6. When the head presented and the os was dilated or very dilatable, rupture the membranes.
7. Podalic version was to be preferred to the applications of forceps within the cervix, especially when the cervix was dry.

8. Complete vaginal tamponing might be applied and left in position in cases in which other means were not at hand.

9. The dangers of septic infection with the proper use of tampons and dilators was so slight that it need not be considered.

10. Wherever possible, delivery should be accomplished deliberately.

11. The greatest care must be exercised not to convey infectious material to the mother's system, which involved the application of the great principle of absolute cleanliness.—*Weekly Medical Review*.

AQUA CREASOTI.—The officinal aqua creasoti, or creasote water, is so important a preparation for one special use that it is well to notice it in order to emphasize that special use. It is a simple one-per-cent solution of wood creasote in water, and, like similar solutions of carbolic acid and of cresol, it is a most effective local anesthetic and topical dressing to burns and scalds. It is no better than the solutions of carbolic acid or coal-tar creasote for this purpose, but is quite as good, so that whichever is most accessible or most convenient may be used. This creasote water, as made by the above formula—or diluted with an equal volume of water, or with more water for delicate surfaces in women and children—and applied by means of a single thickness of thin muslin, or worn out cotton or linen, such as handkerchief stuff, and the application renewed from time to time, as the return of pain requires it—will relieve the pain of burns or scalds in five to ten minutes, and will maintain the relief as long as the applications are properly renewed, or until the painful stage is over. It is also very effective as a local anesthetic for general use in all painful conditions which affect the surface only, such as the pain of erysipelas. The benumbing effect of these phenals upon the skin is very promptly reached, and can be carried to almost any degree that is desirable by simple management of the strength of the solutions and the mode of application. They are true anesthetics to the skin, while the much lauded cocaine is not. This statement has been published so often during the past twenty years, and the treatment has been so effective in so many hands, the old and comparatively useless and hot dressings, such as carron oil, white lead ground in oil, flour, liniments, etc., or the newer application of solution of bicarbonate of sodium.—*An Ephemeris of Materia Medica*.

CONCEPTION WITHOUT THE APPEARANCE OF THE MENSTRUAL FLOW.—Mrs. X., aged about thirty, married about six years, has been delivered at full time of three healthy children, and is now pregnant with the fourth. She menstruated quite regularly and naturally before her marriage, and for a few periods after. Since then she has had no menstrual discharge, nor any appreciable discharge of any kind from the vagina, except the lochia, which were natural in quantity and duration. She had no connection with her husband for some weeks after the cessation of the lochia. Her first child was born about a year after marriage, and she suckled it until it was fifteen months old, until she was again pregnant. The same occurred with each child, menstruation never having been re-established since her pregnancy. Having questioned and observed the woman very closely, I think it impossible to entertain any doubt of the correctness of her statement. A well-authenticated case, such as I consider this to be, shows pretty clearly that there can not be that intimate relation between ovulation and menstruation that some authors seem to think. Ovulation can undoubtedly occur without menstruation (as in this case), and we know the menstrual flow does occur without ovulation, as in cases where menstruation has occurred after amputation of both ovaries. *Arthur Oakes, M. D., in British Med. Jour.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from July 19, 1885, to July 25, 1885:

Captain F. W. Elbrey, Assistant Surgeon, sick leave of absence further extended four months on surgeon's certificate of disability. (S. O. 162, A. G. O., July 17, 1885.) *Captain Norton Strong*, Assistant Surgeon, ordered for temporary field duty with battalion Eighth Cavalry at Hillsboro, New Mexico. (S. O. 34, Hdqrs. District of New Mexico, June 27, 1885.) *First Lieutenant Edward Everts*, Assistant Surgeon, ordered for duty as Post Surgeon, Benicia Barracks, Cal. *Captain C. K. Winne*, Assistant Surgeon, ordered for duty at Benicia Arsenal, Cal. (Par. 3, S. O. 70, Department California, July 15, 1885. Modifies par. 2, S. O. 68, C. S. Department California.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ended July 25, 1885.

Fessenden, C. S. D., Surgeon, leave of absence extended eight days on account of sickness. July 20, 1885. *Irwin, Fairfax*, Passed Assistant Surgeon, granted leave of absence for ten days. July 14, 1885. To inspect unserviceable property at St. Louis, Mo. July 15, 1885.

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CHOLERA: ITS ETIOLOGY, ORIGIN, AND
MODE OF PROPAGATION.*

BY T. B. GREENLEY, M. D.

Very wide differences of opinion among the profession have existed for many years as to the cause and mode of propagation of cholera.

At the late meeting of the "American Medical Association," the subject of cholera was treated in a very able and well-read paper by Dr. Hollister, of Chicago. He assumed the ground that the cause of the disease is due to the presence of the comma-shaped bacillus; that the disease is of exotic origin, and that it is portable in character. In the discussion that followed these premises were controverted by Dr. Davis, of Chicago, and others, among them myself.

Cholera, like yellow fever, has for a long time been regarded by many physicians as a contagious disease; and since the idea of its germ origin has taken root that opinion seems to have gained ground.

When we come to consider the manner in which the disease develops in certain localities, confining itself to certain limits, it should strike the reasoning mind that it is due to some infecting cause existing in those localities. We must make some distinction between infection and contagion.

In the latter part of June, 1849, I visited two patients with cholera on the Ohio River who had just returned from New Orleans, where the disease was prevailing. They both died, but no member of the large family of the house was affected by it. I also visited another person who was taken with the disease at a point not far from his home. As soon as he was able to be removed I had

him taken home, but no case occurred either at his neighbor's or his own house, although he had a large family. This patient had also been at New Orleans. I saw many other cases during the summers of 1849 and 1854, and in these instances one or more of a family had the disease while the others escaped; but I speak of the cases from the South, because there could be no mistake as to the true character of the disease.

In 1854, about the first of March, there was high water in the Ohio River, which, meeting the headwaters of a freshet in Salt River, caused the town of Shepherdsville to overflow, covering the lower floor of most of the houses in the place. The waters went down, leaving the cellars, wells, and all low places filled with water and debris. From that time until about the first of June the weather was dry, and set in hot about the middle of April. This character of weather continued until about the first of June, when frequent showers occurred without abatement of the heat.

The first case of cholera occurred in a negro man on the 6th day of June; the next day several families, and sometimes two or more in a family, were taken almost simultaneously, and all who were attacked died.

Then began the exodus. Every family save two left, and every family so leaving lost more or less of its members within a few hours or days after leaving, but no case was heard of who contracted the disease from the refugees whom they entertained, nursed, and buried; nor did any countrymen contract the disease by going into town and staying a part or all of the day. There was a crowd of bummers who went in one day to get drunk, which they succeeded in doing, the bar-rooms being well supplied and having no attendants. One of the crowd got so drunk that he was unable to get home and remained in town all night. He died of cholera on the next morning.

There were about one hundred and forty

*Read at the June Meeting of the Kentucky State Medical Society.

cases before and after the exodus and no recoveries. It was about five weeks from the first to the last death. No one had the disease who slept up stairs. I received the foregoing statistics of the disease, as it prevailed in Shepherdsville, through the kindness of my worthy and able friend, Dr. Bates, of that place. In the same year, on Market Street between Ninth and Tenth in Louisville, the pestilence developed itself with great virulence, destroying about fifty persons in a very short time. This outbreak was confined to that locality.

When the cause came to be investigated it was ascertained that a sewer pipe had burst and its vile contents had permeated the ground in the vicinity so as to completely saturate the earth, and in places it oozed through the surface. The infected district was soon vacated, but we heard of no one being affected among those with whom they took refuge.

A great many similar instances might be cited, going to prove very strongly the infectious character of the cause of cholera; but the limits of this paper forbid my reciting them.

It may be asked, what is the nature of this infection; what is its genesis? The answer seems to point very plainly to foul air, produced by filth; and if this filth differs very materially in character from that producing malarial fevers, I admit that I am unable to perceive the distinction.

I have thought for many years that the same cause, to wit, malaria, that produced the various types of diseases ordinarily regarded as being due to that cause also produced cholera, being, perhaps, somewhat modified by atmospheric influences. We frequently have, in the same vicinity, and even in the same house, cases of fever of different phases of character as well as different degrees of severity, all being due to malarial influence. All who have practiced in malarial districts have, perhaps, had their attention called to these facts; some cases being of the different varieties of intermittent, some of remittent, and now and then a case of pernicious or congestive chills. Now, where we have cases of intermittent and remittent fever in the same house, all having been equally exposed to the action of the cause, we must attribute the difference to the peculiarity or greater susceptibility of some to the impress of the cause than others. Some people hardly ever have a chill or fever. In these cases we must say that they possess greater

power of resistance to malarial influence than those living in the same locality who are affected. But in the same neighborhood there may be certain localities where the effects of malaria are much more strongly developed than in others. This is due, of course, to the presence in greater abundance of the elements which unite to produce the cause.

Then, again, if we go to the swamps of the South at certain seasons of the year, we have fevers of a much severer type than those occurring farther north.

We have what is termed congestive remittent, or what is designated down there as swamp fever. When this fever becomes epidemic, it assumes great virulency, and in many of its characteristics resembles yellow fever, being equally as fatal.

Then, when we find that malaria is capable of producing so many diseases of different types and grades of severity, from the mild intermittent to the fatal congestive form, why should we exclude it from operating as a prominent factor in the production of cholera, when that disease occurs as a rule in known malarial districts at the same seasons of the year, and generally at the time when those diseases known to be due to that cause are prevalent?

In what is termed the home of cholera, to wit, the district of country embracing the lower delta of the Ganges, where there is an annual overflow, we frequently have not only cholera, but yellow fever and remittent, all prevailing at the same time, being due no doubt to the different degrees of virulency of the cause, the amount of exposure, and to the susceptibility of the system to its impress. Speaking of the degrees of virulency of malarial influence, it is said at certain seasons that it is so active in the vicinity of Batavia that no one unacclimated can be on shore one night without suffering from an attack of yellow fever, although it is contended by some that the West Indies are the home of that disease. The history of cholera, as well as yellow fever, furnishes us abundant evidence for its preference for malarial districts, and in vicinities where filth has been allowed to accumulate. It, like its congeners, yellow and swamp fever, prevails as a rule in warm weather, and, like them, is checked by cold. It, like other diseases due to malaria, may to a great extent be avoided by sleeping in upper stories, even in districts or localities where it is prevailing; and, like all acknowledged malarial diseases, a patient affected

with it may be removed to a healthy locality without propagating the disease among those with whom he may go. And, also, like those diseases, it has a period, longer or shorter, of latency.

It may be asked by some, if cholera is due to malaria, why should we not have it every year in all malarial districts? Now, this question can, perhaps, be better answered by asking another. Why is it that some years we have no malarial fevers, some again only intermittents, and then again remittents of mild or grave character, and now and then pernicious chills? All these variations both in type and severity no doubt are due to the character of the seasons, the amount of rainfall, duration of hot spells, etc.

The disease may be due to the presence of some peculiar-shaped germ, although satisfactory proof of the fact, I think, still admits of doubt, and I am fully satisfied that if ever it is evolved into a demonstrated fact that the disease is due to a bacillus, that it will be similar to that which produces all malarial diseases, and will prove to be non-contagious.

This would seem to be the golden age as it respects the search for and the discovery of microbes and, as the venerable Dr. Davis, of Chicago, remarked in discussing this subject in New Orleans, "when we intently set out to look for a certain kind of germ we are apt to find it." Now, may not the imagination, added to the great anxiety to succeed together with the fame it may bring, help us very much in the discoveries we may make in the world of germs? The germ philosophy as the cause of disease is advancing with rapid strides to the zenith of its popularity; and the fate of other theories in medicine which have exploded long since should remind us to observe some degree of caution in embracing with enthusiasm something not fully demonstrated to be tangible.

The late theory of Lister, that carbolic-acid dressings as an antiseptic were essential to safety in the treatment of wounds, became as popular among surgeons as the germ-theory is now among physicians, but when the cool and philosophical minds of such men as Keith and Tait thoroughly tested the matter, they became fully satisfied that all the good results of such dressings were due simply to *cleanliness*. Then let us regard the cholera microbe, if such a germ exists, with entire complacency as long as we observe the godlike virtue of cleanliness.

We come now to examine into the theory

of cholera as an exotic disease. The fact that in many localities in this country during the several years of its presence it prevailed at the same time, thus excluding the idea of contagion or its prevalence by atmospheric influence, should teach us that it is of local or endemic origin. Many practitioners can also attest the fact that it has broken out in certain localities very suddenly, and without there having been any communication between them and infected districts. I have already alluded to several instances of this character, wherein the environments of those localities were sufficient to account for the production of the disease. If cholera should result from the accumulation of filth in the streets of a city of Bengal, why should not the same phenomenon occur in the streets of New Orleans, or any other American city under like local and atmospheric influences? If the theory that filth influenced by heat and moisture will generate a cause which will develop the disease in Bombay or Madras, why may not the same elements under the same influences produce the same effect in New Orleans?

Now, *a priori*, this looks like a very simple question, and should be answered in the affirmative. The reason, no doubt, why cholera prevails more generally in what is ordinarily termed its home or place of nativity, to wit, on the Ganges, is the fact that the elements which produce the cause are more constantly present there than in any other country. In the discussion of this subject at New Orleans, Dr. Hollister asked Dr. Davis why Chicago had escaped cholera for so many years if it was not an exotic and portable disease? Dr. Davis had left the hall previous to the question's being asked. I think the proper solution to the question is, that it requires a certain amount of filth, a certain amount of heat, and a certain amount of moisture to generate the cause, and if these elements vary in any particular in their definite proportions, the disease will not be developed. Now, in Chicago it is not often that we have a sufficient amount of solar heat lasting sufficiently long to generate malaria of sufficient virulence to produce an epidemic as severe as cholera.

It may be asked, if cholera is due to malaria why is it not characterized by some of the conditions prominent in well-known malarial diseases? This is a very pertinent question, and should be candidly answered. Any physician who has seen cases of congestive or pernicious chills readily recognizes their analogue in cholera. In fact,

aside from the character of the discharges from the stomach and bowels, the other group of symptoms are precisely the same. We have deep congestion, vomiting and purging, cramps and collapse. Death in both diseases commences at the heart. Somewhat similar symptoms obtain in what is known as congestive remittent fever.

It is frequently denied by the exotic theorists that the cholera we have, making its appearance in various localities over the country, is the true Asiatic cholera, because we are unable to trace its portability. I should think if gravity of a disease is sufficient to indicate its true character, we had the real disease in Shepherdsville and Louisville in 1854, and at many other places over the country where its portability could not be traced. I think there is abundant evidence to show that the disease may originate from the cause generated under favorable circumstances in this country, and of as fatal a type as that of the *true Asiatic* cholera, so called, as it exists on the Ganges. The cause of cholera no doubt may be and often is generated on shipboard from want of attention to cleanliness and due ventilation. Ships thus infected may have the disease developed on board, and arriving at one of our ports would of course transport the cause, but would only affect those who may dwell on board. This is the only way, in my estimation, in which the cause of cholera is portable, aside from its *impress* on the systems of persons who may escape from infected localities. Refugees from infected districts have traveled thousands of miles before the disease was developed, the cause remaining latent in the system during that time. A notable instance of this occurred in 1833, when cholera prevailed as an epidemic in New Orleans.

Two gentlemen from the East left the city for home, and arrived in the Alleghanies before the disease manifested itself. This distance required two week's travel, as they went by steamboat and stage-coach. Both of these cases proved fatal, and no one was affected in the locality where they died. In speaking of the disease's origination on shipboard, two well authenticated cases occurred in 1848. An emigrant ship sailed from Havre, France, on the 9th of November for the city of New York. When sixteen days out at sea cholera broke out on board. At the time when she left the city of Havre there was no cholera there, and the crew and passengers were healthy. Another ship left Havre on the 3d of Novem-

ber for New Orleans, with all on board in good health. When twenty-six days out cholera was developed on board. Of course we can readily imagine how the cause of disease can be generated on board of a crowded emigrant ship.

Although at the late meetings of the American Health Association, and of the Sanitary Council of the Mississippi Valley, various means were recommended to prevent the introduction and spread of cholera in the United States, such as quarantine, disinfectants, isolation, etc., yet they both in the strongest terms advised local inspection, removal of filth, abatement of nuisances, and the close observance of strict sanitary precautions in domestic environments.

In view of the portable and contagious character of cholera, quarantine, disinfection, isolation, etc., would be advisable and judicious measures, but why should we be so particular about our local surroundings if the disease is due to contagious and portable germs? In that case, the disease should have no respect for localities or persons, no matter what might be their sanitary condition. At least no positively known contagious disease is influenced in that particular. It is admitted by every one that cleanliness, both of person and surroundings, is greatly to be desired, and conduces to general healthfulness, but why should we be so particular about the matter as it respects contagious diseases?

These sanitary bodies seem to have great confidence in being able to stamp out the disease, should it make its appearance, by quarantine, disinfectants, and isolation, although they regard it in the same light, as to the manner of its origin and spread, as yellow fever. The lesson taught in regard to the value of these measures in stamping out the latter disease in 1878 should still be remembered. Although quarantine, enforced by the shot-gun, was practiced, and barrels of carbolic acid were used, the disease did not seem to be in the least checked or modified. Several physicians of Mississippi informed me that they had lost all confidence in the virtue of disinfectants.

Now, my humble opinion is, that the only way cholera can be *stamped out* is to prevent its occurrence by a strict observance of sanitary measures in all our surroundings; and in malarial districts to sleep in upper stories. The observance of these measures, together with prudence in living, will no doubt obviate the development of the disease so far as it can be done.

Miscellany.

THE INTERNATIONAL MEDICAL CONGRESS FIGHT.—Advices from the seat of war indicate considerable skirmishing along the lines of the opposing forces with the prospect of general engagement in the near future.

FURTHER WITHDRAWALS ON THE PART OF OFFICERS.

E. S. Dunster, M. D., and Henry Sewall, Ph. D., of the University of Michigan, request that their names be added to the list of those gentlemen who have already declined to serve as officers in the organization of the International Medical Congress as arranged by the second enlarged committee at their recent meeting in Chicago. In a letter to the New York Medical Journal these gentlemen say:

In taking this step we do not intend to criticize the committee for their action. On the contrary, we think that, handicapped as they were, they did their work remarkably well. But we do object to the action of the American Medical Association at the New Orleans meeting in introducing into the question of the organization of a Congress for scientific work an element that has no more pertinency to such a purpose than a man's religion or his politics.

C. H. Mastin, M.D., an appointee of the old Committee to the Council of Military and Naval Surgery, washes his hands of the work; and in a letter to the Philadelphia Medical News of August 1st, says:

I was appointed to that position by the *original committee*, and as their action in organizing the Congress has been revised, and their appointments very largely annulled at the last meeting of the American Medical Association, I do not think I can, in justice to the committee from which I hold my appointment, longer continue my connection with the Congress as it is now organized. . . . As much as I oppose the action of what is known as the New Code Party, and as heartily as I approve and indorse the Code of Ethics as adopted by the American Medical and American Surgical associations, still I am thoroughly and entirely opposed to the introduction of any and all medico-political questions into the organization of purely scientific bodies, such as the International Medical Congress. . . . I am unwilling to occupy any position which would seemingly indorse such action.

The Alleghany County (Pa.) Medical Society, at a recent meeting, adopted by a unanimous vote the following preambles and resolutions (New York Medical Journal):

WHEREAS, The American Medical Association, at its recent meeting at New Orleans, has seen fit to rescind the action of the original committee,

adopted at Washington, to arrange for the meet of the Ninth International Medical Congress, to be held in Washington in 1887, and

WHEREAS, The new committee in its recent action at Chicago has so changed the arrangements for the meeting of the Congress as to insure its failure, therefore be it

Resolved, That the Alleghany County Medical Society disapproves of the action of the Association at New Orleans and of the action of the new committee at Chicago, and further,

Resolved, That the American Medical Association at its next meeting in St. Louis be advised to restore to the original committee, which was appointed at Washington, full power to make all arrangements for the meeting of the Ninth International Medical Congress.

THE THUNDER OF THE MEDICAL PRESS.

And as some of the leading New York men, including Dr. Jacobi and Dr. Lefferts, who were to have presided over sections, have already been deposed from their places as adherents of the new code, while Dr. Bowditch, the most respected physician of Massachusetts, has been struck off the list of vice-presidents for his sympathy with that party, it must be admitted that the New York Medical Journal is probably right in describing the outlook for the Congress as "gloomy." We can only hope that the sound sense for which our American cousins are so distinguished will prevail, and that the decisive action of the Philadelphia practitioners will rouse the mass of the profession in America to step in and to decide by overwhelming numbers, before it is too late, that old controversies shall be sunk, that old ill-feeling shall be buried, and that no one shall be allowed to turn partisan spirit into a ladder for his own elevation at the expense of the reputation and good-fellowship of the profession to which he belongs.

We do not wish, and we hope no one on this side the Atlantic will attempt to revive the memories of the celebrated dispute on the codes. We believe that the late Dr. Panum, the lamented President of the Copenhagen Congress, distinctly insisted, when the invitation to America was accepted, that the code question should not be raised; and we feel sure that a very large majority of English and Continental practitioners will refuse to cross the water if this understanding is not rigidly kept to. They will feel, too, that if they go to Washington they can only go as the guests of an undivided profession. A Congress from which the most distinguished representatives of American medicine were excluded, or had withdrawn, would not be worth going to as a scientific meeting, while the remembrance of the bitterness and heart-burnings which had attended its organization would rob its social distractions of all their charm. It would be like feasting with a man, while his wife, unjustly divorced, stood in the street watching. We can assure our American readers that, in the present case, the best English sympathies will be with the wife. The men whom English visitors, if they go, will go to see and hear, are the very men who have been elbowed out of the Congress. The scientific success of a Congress does not depend on numbers, but on quality. The profession in America is, no doubt, rich in numbers as well

as in scientific activity, but it is not so rich that it can afford to play all Europe with only pawns on its side of the board.—*London Medical Times*.

The action of this committee confirmed the gloomiest forebodings. The committee chose as its officers men who, whatever may be their talents, had led the movement at New Orleans, and secured themselves in office. Many physicians who had accepted position in the Congress from the original committee, despairing of the success of the undertaking in its new hands, determined to withdraw from the organization; others, openly declaring, they would not serve under such officers, also, withdrew.

The meetings of the profession in Philadelphia, Boston, Baltimore, Washington, and Cincinnati, not to mention individual instances in other places, bear witness to the extent and earnestness of this feeling. Every day has brought fresh accessions to the list of those who decline to follow such leaders, and as the facts of this unfortunate business become more generally known, the list of those who distrust the leaders of the revolution inaugurated at New Orleans will grow apace.

Much was said at New Orleans and elsewhere about the code question in connection with the Congress. Such gentlemen as have seen fit for reasons to withdraw from the Congress as at present organized have been accused of being unfriendly to the code, and supporters of the new code.

Philadelphia was the birth-place of the code. There it was ingrafted on the Constitution of the American Medical Association and first offered as the creed of the profession in the United States, and there, if any where, is its spirit a living spirit and does its letter carry the force of law. And yet Philadelphia physicians were the first to take up arms against the New Orleans movement. But the question of code was not in their minds. They well knew how adroitly and with what effect it had been used at the National Association, but when they met to record their objection to the Congress passing into the hands of its present leaders, the code was never once mentioned; it was not thought of. The motives which influenced them, the causes which led them to decline to accept office in the Congress under its new organization, were of another and very different kind. Among other reasons these gentlemen withdrew from the Congress because—and chiefly—they distrusted the new management, and because the profession at large had been denied representation in that body.

When Dr. Leidy and Dr. Agnew, Dr. DaCosta and Dr. Stillé, Dr. Horatio Wood and Dr. Gross, and Dr. Parvin and their coadjutors met, their purpose was to withdraw from the Congress for the simple reason of distrust in the new management. They felt aggrieved at the behavior of the Association at New Orleans. They were dissatisfied with the action of the committee at Chicago. And they went to record to this effect.

That the same feeling of distrust, not to use a stronger word, reaches to many other places, no observant man will deny. That it exists to such degree—that it exists at all—affords cause for the liveliest apprehension. That it will acquire such proportions as may lead the National Association to call a halt and undo some of the work it did in such unseemly haste at New Orleans remains to be seen.

The conjuncture is certainly grave enough to make such action seasonable. And if wisdom united to courage and the charities direct and control the Association, it may still recover from the stab inflicted with its own hand at New Orleans, and bring the session of the International Congress in 1887 to a successful close. Otherwise the fate of the Association, no less than that of the Congress when it meets on American soil, is easily read.

The end of one will be disintegration and decay. That of the other will be mortifying failure. These are strong words, but sober withal.

What will be the outcome of this deplorable muddle it is altogether impossible now to say. The committee, aided by older and wiser heads than those who have hitherto directed its movements, may bark back and find a path which will lead the Association out of its present dilemma and up to the point of organizing a truly International Congress worthy alike of its noble aims and of the great guild which bids it come to our land. If the committee fails, especially if it fails through unworthy ambition, love of patronage, or worse than all, through greed of office, it will realize before this business is finished that wreckers are sometimes wrecked, and revolutions are often fatal to their leaders.—*American Practitioner*.

Of late it has looked as if these withdrawals, which at first threatened to confirm the wreck of the Congress, would really lead to the radical remedy we have mentioned, and also to the far more important result of lifting the American Medical Association out of the low position it has brought itself to occupy.

The new organization still has its defenders, however. They are no longer confident, and they have been put on the defensive; but it is evident that they will not give up their undertaking until they are compelled to do so. The tenacity of their purpose is shown by their latest tactics. Realizing the effect that is sure to be produced by a continuance of such action as that taken in Philadelphia and the other cities that we have mentioned, and the informal action taken by individuals elsewhere, they are now trying to persuade those who have not yet declined not to do so. They hold out the consideration that it is unnecessary and quite out of character for a man to decline a position until he has been officially notified of his appointment. As the secretary can take his own time about notifying the appointees, it is evident that, in case he avoided sending out notices, and the appointees could be made to take the advice mentioned, they would have the game in their own hands. It is nearly a month since the appointments were made public, and it seems to us that any of the appointees who hesitate to declare their intentions, simply because they have not been officially notified, can only be compared to the man who, seeing a man drowning, refrained from interfering on the ground that he had never been introduced to him.

Another device to which they are resorting is that of affecting to look upon the dissatisfaction that has been expressed as not really due to their revolutionary scheme of reorganization, but simply to the unpopularity of the secretary, Dr. Shoemaker, and it is hinted that that gentleman will be induced to resign, with the result of calling back those who have declined, and restoring har-

mony. It is needless to say that nothing could be more absurd than the pretense that Dr. Shoemaker's unpopularity, in case it exists, is at the bottom of the serious action that has been taken. It is little short of ridiculous to bring forward so paltry a matter as being the cause of so important a step. But, even if there were any truth in it, Dr. Shoemaker is not the man to allow himself to be cast overboard as a Jonah. We must conclude, therefore, that the petty nature of all that can be said in favor of the reorganization augurs well for the hopes of those who recognize that nothing but its overthrow can save the Congress.—*New York Medical Journal*.

WHY THE NEW ORGANIZATION OF THE CONGRESS SHOULD BE REPUDIATED.—The action of a large number of the most prominent medical men of this country, in declining official positions in the American Medical Association Congress, is due in part to disapproval of the rules adopted by its managers, and in part to the fact that these managers are not men who should be indorsed to the world as the leaders of the medical profession of the United States.

In secular politics we are familiar with the spectacle of fairly good platforms, with ring candidates thereon, and occasionally we see bad platforms with fairly good men indorsing them; but here we have such a combination of bad platform and bad leaders that it is difficult to see how any one can support or work under them.

For the platform the New Orleans meeting of the Association is mainly responsible; for, although it gave no formal instructions to the committee, it indicated its wish that the Congress should be put on the same basis as the Association itself; while for the selection of the men to organize the Congress the committee is alone responsible.

It is true that the New Orleans meeting by no means represented the Association, and was specially packed with delegates from two or three neighboring States, whose chief purpose in being present appeared to be to obtain control of the Congress; so that if a majority of the members of the Association express their emphatic disapproval of the action taken, which we have every reason to believe they entertain, this action will appear before the world in its true light, as the work of a comparatively small faction intensely desirous of office, and not as that of the Association as a whole. It is important, therefore, that this disapproval should be manifest and distinct.

No doubt it is a disagreeable duty to make public the mistakes and shortcomings of members of the profession; it is much easier to keep silent, and it is on this unwillingness of the best men to engage in any thing like public controversy that the ring politicians rely. This time, however, they have gone too far, and their condemnation is well-nigh universal.—*Philadelphia Medical News*.

The further the few members of the profession, in three or four cities, who made the mistake of supposing they constituted the embodiment of the medical profession in the United States go, in trying to justify their deliberate attempt to obstruct the necessary preparations for a proper organization of the Congress, the more they involve themselves in gross inconsistencies and misrepresentations. Under the head of "Why the New Organization of the Congress should be repudi-

ated," the editor of the Philadelphia Medical News attempts to give the reasons why the action of the Committee of Arrangements at its meeting in Chicago should be rejected.

The editorial mentioned (*Philadelphia Medical News*, July 25, 1885,) contains five paragraphs, each of which contains one or more misrepresentations of fact, although the *reasons* given are only two, and are stated in the first paragraph as consisting in part of a "disapproval of the rules adopted by its managers, and in part of the fact that these managers are not men who should be indorsed to the world as the leaders of the medical profession of the United States." It is worthy of note, that these two are the *only reasons* that have been given in any quarter for all the bluster and bravado of opposition thus far exhibited. And it would be a sufficient answer to both, to say, as we have said substantially before, that there is *no* "New Organization" of the Congress in existence. Before the work done by the Committee of Arrangements in Chicago could be completed or made ready for publication, the preconcerted game of bluff was commenced, and a most industrious effort made to propagate the *strike* throughout the country. Yet, after the lapse of a full month, the whole number of those whose names have been announced as having refused to accept any position in the Congress, under what they are pleased to call the "New Organization," is only about ninety, of the nearly five hundred embraced in the proposed organization; and certainly only an infinitesimal fraction of the 40,000 members of the profession embraced in the American Medical Association and the several State and local societies in affiliation with it.

By "managers" the objectors must mean the members of the Committee of Arrangements, consisting of one from each State, and selected by the delegation of each State present at the meeting in New Orleans. This body of representative men, selected, not by the presiding officer of the Association, nor by a committee that might possibly have been packed for the purpose, but by the representatives from each State acting by themselves and for the profession of their State, are sneeringly spoken of as "not men who should be indorsed," etc. It is well known that nearly all this sneering is really aimed at the member of the committee representing the State of Pennsylvania, though the *News* has not the manliness to say so. But Pennsylvania was represented at the meeting of the Association in New Orleans by thirty-two delegates and permanent members, who alone are responsible for the selection of the proper man to represent the State on the Committee of Arrangements. In selecting Dr. John V. Shoemaker they certainly secured an active, industrious, and efficient representative on the committee. He had done good service as Chairman of the Section of Practice of Medicine, Materia Medica, and Physiology at the meeting of the Association at Washington the year previous; and we suspect that the head and front of his offending consists in the fact that he has had sufficient courage, industry, and talent to push his way to position and influence in the profession without going through the hereditary ruts and mutual admiration circles for which a part of the profession in the Quaker City is noted. . . .

But the editorial writer in the *News* reaches the climax of his recklessness and folly when he adds,

in the same paragraph from which we have quoted, that the action of the Association at New Orleans was "the work of a comparatively small fraction intensely desirous of office." When it is remembered that among the most prominent acts of the first Committee on the Organization of the Congress, in whose behalf the News is so clamorous, was the parceling out of the chief offices of the Congress to themselves until not one of their number was left without an official position in the Congress, and some of them had three or four such positions, while the new committee, composed of men whom the News calls a faction intensely desirous of office, have appointed not one of their number to a general office in the Congress, but have with a just sense of propriety, limited themselves strictly to the work of a Committee of Arrangements, the reckless and desperate straits of those selfish leaders who are vainly endeavoring to maintain the little game of bluff by which they hoped to successfully obstruct the proper preparation for the Congress become painfully apparent to the most superficial observer.—*The Journal of American Medical Association*, (Editorial, August 1st).

The presence of several members of the original committee (at the meeting of the Reconstruction Committee in Chicago) gave a tacit and undoubted acknowledgment of the fact that there was then but one committee recognizable as having the future of the Congress in its charge and keeping. It was naturally anticipated, from the time of the last meeting of the Association at New Orleans, that the augmented committee would effect some radical changes in the plan adopted and reported by the original committee. Indeed, they may be supposed to have been appointed with this direct object; otherwise, the Association might as well have indorsed at once the work of its last year's committee.

One important result of the action just taken may be briefly stated to be, that American membership in the Congress is to be restricted to those members of the profession who are in affiliation with the ethical views of the American Medical Association. This includes all the State medical associations of the country, except the State Medical Society of New York (new code), and all the county and other medical societies of the United States recognized by such State associations, except such in New York State as advocate this modern ethical innovation. . . .

Certainly, the best men of the profession are attached to the county and State medical societies, and the spirit of the Association is opposed to the recognition in any of its official acts or appointments of new-code men, who have for several years past done all that lay in their power to underrate its policy and to minimize the influence of its official labors. . . .

If this action of the Philadelphia members of the profession was to be taken at all, it is, perhaps, just as well that it occurred on the instant of the return from Chicago of the Philadelphia member of the original committee—the editor of the Medical News—as the whole committee, and the profession generally, can now appreciate from the earliest moment the difficulties which environ the Congress, and will have more time in which to make all necessary arrangements to meet them.

As to the permanent effect upon the success of

the Congress, this is one of the problems we shall not attempt to solve. We have never shared the views of those who have thought the future of the Congress hopelessly gloomy, because it had been thought necessary to place the original committee's action under thorough and critical revision. The withdrawal of some of the Philadelphia members just referred to gives the Congress a stab, but the wound may not be mortal.—*College and Clinical Record*.

The American Medical Association enjoined upon the committee the duty of not nominating as officers of the Congress those who have repudiated the ethics of the Association. This restriction does not extend to membership of the Congress. From all that is at present known of the views of the committee, it may be inferred that there will be no restrictions as regards membership on members of the regular profession. This is in accordance with the custom hitherto at the meetings of the International Medical Congress.

There seems to be no valid reason for complaint on the part of those who have made haste to announce their antagonism to the Congress, unless the elimination from official position of those who have disqualified themselves from membership of the American Medical Association be so considered. How many of those who have united to oppose the Congress are willing to admit this as the reason of their action? Practically, however, their action sanctions and encourages those who have attempted to break down the barrier between the regular profession and those who ostensibly practice homeopathy or other exclusive systems of medicine, and it virtually rebukes those who have so earnestly and successfully labored for the honor of the medical profession by sustaining the National Code of Ethics. Have all those who decline connection with the Congress, under its present organization, reflected upon their action in these points of view? They can not have given the matter due consideration. Nothing disrespectful is intended in saying that they have acted with undue haste. How often, under a temporary-excitement based on misapprehensions, are conclusions formed and measures taken which are reconsidered and relinquished after a little sober reflection!

A similar action, in quick succession, in several cities, of members of the medical profession, shows undoubtedly a concerted movement. Now concerted movements are for certain definite objects. What are the objects in the present instance? It is not to be supposed that they who have joined in this movement have done so purely from a desire to bring discredit on the profession of the United States by placing obstacles in the way of the success of the Congress. We will not venture to surmise the objects, but leave them for the future historian of the Congress. Whatever they may be, there are certain considerations which, with reference to the movement, it behooves the reflecting members of the medical profession of the United States to bear in mind. One of these is the certainty of the meeting of the International Congress in 1887. At the present moment an International Congress does not exist. The Eighth Congress existed and ceased to exist in August, 1884. The Ninth Congress will exist in America in September, 1887, and meanwhile there is no or-

ganization competent to appoint any other time or place for its coming into existence. It is true the American Medical Association at its next meeting might publish to the world that it recalled the invitation to meet in this country in 1887. Does any one suppose that this will be done?—*Correspondence, Journal American Medical Association, Aug. 1.*

THE CHOLERA AND QUARANTINE.—I have stated the time of transit from European countries to our shores is longer than the incubative period of cholera. If, therefore, by careful inspection of all soiled clothing at the point of departure this factor of conveying the disease is eliminated, we have only to watch the development on shipboard of such cases as may have acquired the disease before coming on the vessel. The moment a case is recognized, or even suspected from any diarrheal discharge, it should be promptly isolated, attendants quarantined, discharges at once disinfected, all soiled clothing promptly destroyed, attendants' hands washed for the slightest stain; it would be promptly suppressed. There is here but the primary factor with which we have to deal. The secondary ones, of contaminated water, floating germs, and conditions of the soil, are absent. If efficient measures are taken, a ship should be a favorable place to repress the disease. It would remain, then, for the land quarantine to maintain the vessel under observation for the requisite time to determine that no new cases occur. A series of measures that would suggest themselves promptly to any health-officer should be taken, such as the removal of all from the vessel to a spot of absolute isolation; the thorough cleansing and disinfection of all the cabins, linen, etc.—*Dr. S. Oakley Vanderpoel, in Science. (Sanitary number.)*

OSMIC ACID IN PERIPHERAL NEURALGIAS. At the recent meeting of the American Neurological Society Dr. Geo. W. Jacoby read a paper on the use of osmic acid in peripheral neuralgias. (New York Medical Journal.) Eighteen cases so treated are tabulated; of these, eight were cured, two improved, and eight remained unaffected. Of the eight cures five were cases of sciatica.

The conclusions drawn from their study are, (1) We have in osmic acid a remedy which is of service in the treatment of certain cases of peripheral neuralgias, and in some cases where every other remedy has failed. (2) Osmic acid is not an anti-neuralgic; its action is very localized, and it frequently fails where other remedies succeed.

- (3) Its employment is in most cases very painful and not altogether free from danger. (4) It is dangerous to implicate a motor nerve in the injection.

Two men were quarreling. One of them threatened to shoot the other. The threatened man, in revival of an old piece of sarcasm, asked: "Where do you bury all your dead?" Just then, an excited man drew the satirist aside, and said: "My gracious! you ought not to talk that way!" "Which way?" "Asking that man where he buries his dead." "Why?" "Because he is a physician."—*Ex.*

THE ILLINOIS STATE BOARD OF HEALTH is now engaged in revising the Official Register of Physicians and Midwives. Any notification of changes, omissions, or errors, will be regarded as a favor, as the Board wishes to make the coming register as correct as possible. Address communications "Secretary State Board of Health, Springfield, Ill."

THE ADMINISTRATION OF IODINE AND ITS SALTS.—It is not generally known, or at least observed, that iodine and its salts are to be administered on an empty stomach, as the presence of starch and acids modifying or decomposing the preparations of iodine would reduce or prevent their effect. *Therapeutic Gazette.*

A CORRESPONDENT of the Physician and Surgeon, reports a case of diabetes mellitus cured by the use of vinegar. The patient was put on anti-diabetic diet and one third of a glass of vinegar diluted with water. At the end of a week the urine was free of sugar. After two months there was no return of the trouble.

THE officers for the ensuing year of the American Ophthalmological Society are, President, Dr. W. H. Norris, Philadelphia; Vice-President, Dr. Hasket Derby, Boston; Secretary and Treasurer, Dr. O. F. Wadsworth, Boston.

THE Independent Practitioner says that Dr. Roswell Park, of Buffalo, recently extirpated the larynx with success in a case of malignant growth.

MR. ERNEST HART, the able editor of the British Medical Journal, has been announced as a candidate for election to Parliament.

The Louisville Medical News.

Vol. XX. SATURDAY, AUGUST 8, 1885. No. 6.

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THE OLD OFFENDER IN HIS NEW RÔLE.

In the NEWS of last week was noticed a case of alleged poisoning by paris green, the victim having carried the poison to his mouth by the media of the fingers and a chew of tobacco, while engaged in dusting the toxic drug upon his potato-vines for the destruction of the ubiquitous Colorado beetle.

The following communication from an esteemed friend, who lives in the neighborhood from which the report came, seems to throw discredit upon the item, which was given upon the authority of the local press.

ANCHORAGE, KY., August 4, 1885.

MY DEAR DR. COTTELL: Your case of arsenite-of-copper poisoning is a myth located at Anchorage, and based on the tradition that a man by the same name of your newspaper victim got the paris green in sores on his hand, and died from the effects of it. I have not investigated the truth of the latter report.

Moral: Be careful of the publication of newspaper reports in your excellent NEWS.

Respectfully, * * *

While the above may be said to discount one crumb of evidence against paris green as a too popular poison, and rob our anti-

tobacco friends of a moral which might have been obliquely drawn from it to the discredit of that most unseemly vice, tobacco-chewing, the fact nevertheless holds that the exigencies of modern potato-culture have brought into common use a drug of deadly power, which has already found sufficient demonstration.

Cases of accidental poisoning by paris green, since it became popular as an insecticide, have been authentically reported, and the case as mooted by our correspondent, even if the report prove false, is a hypothetical presentation of conditions which would insure prompt entrance of the poison into the circulation where it would certainly do fatal mischief.

Scheele's green, or arsenite of copper ($\text{Cu}''\text{HAsO}_3$), is one of the deadliest poisons known to chemistry, having in its molecule the poisonous basic metal (Cu), with another still more poisonous in the acid radical (AsO_3), while the atom of basic (H) renders it less stable, and consequently more energetic when turned loose in the animal economy than would be a neutral salt of copper and arsenic. This compound "more or less pure, or mixed with the acetate and sometimes the carbonate of copper" has for many years been known to the painter and the dyer by such names as Brunswick green, Schweinfurth's green, Vienna green, emerald green, and paris green, and as the pigment in green wall-papers, window-curtains, and fabrics for wear, it has long had place in household economics, where it is well known to the toxicologist as an insidious producer of chronic arsenical poisoning. But the making of this deadly drug an adjuvant to agriculture and per consequence a possible spice for our daily food is an expedient of recent date.

The Colorado beetle is one of the inverted blessings which followed in the wake of the late war. The havoc of the opposing armies left our Southern land hungry the desolate, and not many seasons after the farmer had rallied from the shock of war, and was beginning in earnest to raise something

to eat, this irrepressible lover of solanaceous juices moved eastward from his original habitat in Colorado, and from the topmost leaf of the supposed invincible potato-vine, made his bow to the swains of the Mississippi Valley. What followed is familiar to all doctors who know enough of country lore to make the differential diagnosis between a hill of potatoes and a hill of beans, and need not be dwelt upon at length. Suffice it to say that the potato-bug swarmed and fed and grew fat, while the potato-crop went down. But his day of reckoning came, and after he had defied the insect-eating birds and the larva-destroying insects, after he had laughed fire to scorn and mocked the men, women, and children who turn out in force to pick him like a harvest of berries, some military genius took the field against him with paris green, and, after a short campaign, was able to bring him to terms of capitulation, but not unconditional surrender.

As a consequence of the seeming alternative of no arsenic, no potatoes, with which the farmer was presented, paris green became a common factor in potato-culture. It is manufactured by the ton and sold in packages like salt or sugar, and, being placed in quantity in the hands of the ignorant and the careless, it has by misadventure already done some fatal work, and is certain to do much more.

The avenues through which its pernicious effects may be operative are many, and will doubtless ere long claim medico legal attention. Three of these may be mentioned as being of especial interest.

First, the drug may be fatal to the farmer or gardener, entering his mouth by way of dirty fingers, his blood through abraded skin, or, flying in the air, pass in through the respiratory tract. Second, it may be fatal to the consumer, not through the potatoes, which are underground and but slightly developed at the time when the poisoning of the potato-bug is going on, but by the media of adjacent-growing vegetables, such as peas, beans, early cabbages,

etc., upon which the green poison-dust is wafted by the winds from the potato-vines or the hands of the sprinkler.

And third, it may remotely be the cause of untold mischief by contaminating the soil upon which it falls from year to year. Instances of fatal poisoning by paris green through the two first means described are not wanting. The third source of danger is a suggestive theme for the agricultural chemist, and will doubtless reward his careful study. The proliferous potato-bug may pass challenge as an unmixed curse, but the mitigation of his annual onslaught upon the young potato-vines by the use of paris green, while it may save the crop, is by no means an unmixed blessing.

Bibliography.

The Curability and Treatment of Pulmonary Phthisis. By S. JACCOUD, Professor of Medical Pathology to the Faculty of Paris; Member of the Academy of Medicine; Physician to the Lariboisière Hospital, Paris, etc. Translated and edited by MONTAGU LUBBOCK, M. D. (London and Paris), M. R. C. P. (Eng.), Assistant Physician to the Charing Cross Hospital, etc. New York. 8vo, pp. ix and 407. D. Appleton & Co. 1885. For sale by John P. Morton & Company.

The translation into English of this able and elaborate monograph is looked upon as one of the most important medico-literary events of the year. Prof. Jaccoud has been for some years a recognized authority in pulmonary diseases, but the English-speaking world has heretofore been compelled to estimate his work through brief abstracts from his lectures in the medical journals and briefer quotations in standard works. An original treatise from his pen, in English dress, will be eagerly sought and read by all who pretend to keep pace with medical advancement.

It is to be regretted that the author's work was completed before the discoveries of Koch had lit up that dark corner of pathological research yclept tuberculosis. For a knowledge of the tubercle bacillus, and its relation to phthisis, while it would not have modified the force of his admirable scheme of management in given cases, would have saved the author considerable ink and paper now unprofitably devoted to

the discussion of exploded theories, leading him to seek elsewhere for the how and the why of some of his therapeutic successes.

The author says that "the most important question in the treatment of phthisis is recognized to be the interesting and complex problem of climatic stations in winter or summer. There is no other disease in which the climate may be regarded to the same extent as a truly therapeutic means of treatment."

This is the text of the author's discourse, and the reader will find that he brings to the discussion of his theme thorough scientific equipment and perfect familiarity with all the old-world health resorts, which are, or ever have been, in repute with consumptives or their physicians. He urges his views as to the value of this factor in treatment philosophically, wisely, and with much originality, and through this work places in the hands of the physician many valuable facts which will, in a given case, enable him to solve practically what has ever been a dark and difficult question in the management of phthisis.

In the matter of drug therapy and the most approved methods of administering direct treatment, the book is well abreast if not slightly in advance of the common teachings of the day.

The translator has done his work well in the main, but, striving for a literal rendering of the text, he forsakes the idioms of his native tongue in some sentences, and carries the reader to the implicated thought by a round-about, wordy, and wearisome route.

The Technology of Bacteria Investigation; explicit directions for the Study of Bacteria, their Culture, Staining, Mounting, etc., according to the methods employed by the most eminent investigators. By Charles Dolley, M. D. Cloth. 12mo, pp. xii and 263, price, \$2.00. Boston: E. S. Cassino & Company. 1885. For sale by John P. Morton & Company.

Elements of Modern Medicine, including Principles of Pathology and Therapeutics, with many useful memoranda and valuable tables for reference. Designed for the use of Students and Practitioners of Medicine. By R. French Stone, M. D., Professor of Materia Medica, Therapeutics, and Clinical Medicine in the Central College of Physicians and Surgeons, Indianapolis, etc. Turkey-levant, flexible covers; pocket edition,

12mo, pp. xiv and 369. New York: D. Appleton & Co. For sale by John P. Morton & Company.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The cholera question is still the absorbing topic in the lay as well as in the medical press, and this, as you have observed in your editorial of the 27th June, is no more than natural after the terrible ravages of the disease in Southern Europe during the summer and autumn of last year; and the reports from Spain still keep up an unmitigated interest on the subject.

All attention seems to be concentrated on the efficacy, or otherwise, of Dr. Ferran's inoculations as a prophylactic against the cholera. You will have heard of the missions sent by some of the European Governments to Spain to study the effects of these inoculations and the mode of procedure of their reputed inventor, which, after great hesitation on the part of the authorities, he has been allowed to put in practice. These he was carrying out on quite a large scale when the Spanish Government, finding that they did not much alter the death-rate, which continued to be from fifty to seventy-five per cent of those affected by the disease, whether they were inoculated or not, put a stop to them. The official report of the French mission which was sent to Valencia about a fortnight ago, and which was composed of Prof. Brouardel, Dr. Charrin, and M. Albarran, a hospital interne, and who has already distinguished himself as a micro-biologist, probably had some influence on the decision of the Spanish Government. Dr. Ferran having refused to inform these gentlemen of the precise nature of his inoculation fluid, or even to allow them to assist at the experiments, the mission returned to Paris, and Dr. Brouardel in his report condemned Dr. Ferran's conduct as being unprofessional and opposed to the usages observed among scientific men.

Dr. Gibier, who was sent about a fortnight previously on the same mission, returned to France none the wiser as to the nature of the inoculation fluid. He, however, obtained a few samples of the liquid, which upon examination he found to contain the comma-shaped bacilli, which are

said to be characteristic of cholera, but he could not say scientifically whether they possessed any attenuated virulence. In fact, the inoculating liquid is described as being rather complex, and Dr. Ferran so far confided to Dr. Gibier that a certain portion of bile entered into its composition, but he was obdurate in his refusal to give him an insight into its preparation.

The effects which followed the inoculations by Dr. Gibier were stated to be nothing else than those which would be produced by the subcutaneous injection of any irritating liquid, that is to say, a slight redness of the skin, a gentle heat, a little swelling of the neighboring tissues, in fact, all the local symptoms of a mild inflammation. General symptoms were ordinarily but little marked, there was slight fever, headache, and slight gastric troubles. The diarrhea, which was said to be frequent, was noticed only once in a thousand cases. Sometimes abscesses have been observed, but they may be attributed to the careless way in which the inoculations are performed. In other words, none of the symptoms of true cholera were noticed, and Dr. Gibier states that it was impossible to determine whether the local effects produced by the inoculations ought to be attributed to the more or less attenuated virulence of the comma-shaped microbes contained in the liquid, or whether they are due simply to the action of the vehicle employed, and, as mentioned with reference to the other mission, Dr. Gibier could get no assistance from Dr. Ferran to elucidate the question. On his own account, however, Dr. Gibier was enabled to ascertain that the blood of persons inoculated contained no comma-shaped bacillus in the twenty-four hours following the inoculation. The bacillus never enters into the blood, it remains under the skin and elsewhere, and if it reaches the circulatory current, it does not find a favorable medium for its development; therefore it is difficult to explain in what way Dr. Ferran's inoculations would afford immunity against cholera. Even supposing that this preventive action is really demonstrated, it remains to be seen whether it will continue, and for how long. It is now known that cholera may affect the same individual more than once, and although the most plausible reports have been published respecting the efficacy of the cholera inoculations, Dr. Gibier advises that they should be received with great caution, as it has been known that they have not been

always drawn up with scrupulous exactitude.

Dr. Gibier had performed several autopsies of cholera patients in Spain, and he visited more than four hundred patients in hospitals or in their houses, accompanied by Dr. Van Ermengen, the Belgian delegate. Both were in accord as to the general conclusions to be drawn from their personal observations. They discovered that the disease that was raging in Spain was really the Asiatic cholera.

Dr. Gibier's description of the Spanish hospitals is any thing but flattering, for they can not bear any comparison, either for cleanliness or comfort, with the French institutions of the same kind, which, however, according to the English or American ideas, are far from being irreproachable.

Dr. Gibier, in his report, related an anecdote on an incident which happened to him on his way from Spain, and as it is both curious and instructive I would mention it here for the benefit of your readers. In passing through Tortosa, the travelers had to alight from the train, and they were left exposed for two hours in the open air in the middle of the night. During this time the carriages were disinfected, and this absurd operation was effected by filling the carriages with the vapors of hyponitric and sulphurous acids. Dr. Gibier had left in his compartment a small phial, slightly corked, containing comma-shaped microbes, which he had collected at the autopsies. The microbes were supposed to have been thus disinfected, and yet on the return of Dr. Gibier to his compartment he found them alive and healthy.

In spite of Dr. Ferran's inoculations, the cholera is not abating, for, although diminishing in the towns first stricken, it is extending itself to others. Great wood fires and sulphur are being burnt in the streets as a means of disinfecting them. The influence of drinking-water as the principal vehicle of cholera germs is now generally recognized even by the Spaniards, and it is said that the origin of the disease has been distinctly traced to this source, for the towns affected were, for the most part, situated at the mouths of rivers.

PARIS, July 17, 1885.

DR. FEHLING, of Stuttgart, well known for his invention of the celebrated sugar test which bears his name, died on July 1st, in his seventy-third year.

Selections.

SURGERY IN NORTH GERMANY.—In the Boston Medical and Surgical Journal of July 23d is found an interesting letter from its German correspondent. In speaking of the use of antiseptics in North Germany he truly says that in Hamburg, Kiel, Berlin, Leipsic, Halle, one finds hospitals which a paternal government has found it for its interest to support, conducted by men whom an excellent system of drill and selection has made masters. At Hamburg, differing from the other mentioned places, one finds an old hospital, at present (though a new one is being built) of faulty construction and crowded with patients in ill-ventilated, untidy wards. The hospital has some fifteen hundred beds and a surgical service of eight hundred; four hundred under a continued service of one surgeon, Schede. It is at this hospital that the chief point of difference in the "point of attack" of the North German Surgical School and our own is most noticeable. With us soiled linen, dirty paint, unclean plastering, untidiness of the ward, sloppy and unneat floors are justly considered hygienic crimes. But we never think it obligatory for a surgeon to put on a freshly washed coat on every visit, or that one who operates with an old blood-bespattered coat may be hygienically a great sinner, and that one who operates without thoroughly scrubbing his hands with antiseptics until they are scientifically clean, may, in fact and not in fancy, be a death-dealing Azrael. It is not thought necessary for the dressers and the house students to wear every day, on their visits, freshly washed coats; they are often allowed to wear their own ordinary woolen clothes, even though the day before they may have been coughed upon by diphtheria and the sleeves may have been wet with the pus of a foul wound. The dresser, who may have just done up a sloughing compound fracture, assists at an ordinary operation without having scrubbed his hands, satisfied with a superficial dip in a solution of carbolic acid. The result is, that although our hospitals are models in appointments, ventilation, general cleanliness, and although we attempt antiseptic surgery, and take pains to isolate patients, yet we can not claim to have banished erysipelas, or that form of cellular wound inflammation which prevents first intention, makes compound fracture often an introduction to long suppuration, caries, necrosis, fistula,

etc. At the above-mentioned North German clinics, what may be termed general dirt is not always well looked after, but the specific dirt, on the hands, instruments, sponges, dressings, etc., is avoided as carefully as in a biological laboratory where pure cultures are sought for, and the result is that in all of the above-mentioned places they claim to have banished erysipelas in all of the cases operated upon, the few cases of the disease being practically only those where erysipelas had been developed before the patients entered the hospital. This statement certainly corresponded with the temperature charts, the graulating wounds, the appearance of the patients as seen by the visitor. First intention appeared to be much more commonly gained than with us, and sinuses left after operations upon bone to be much more exceptional. And the following list of patients seen at the clinic on a morning's visit will be sufficient to prove that a rate of success is not due to the fact that the operations are not grave ones: ten cases of excision of the hip-joint, four being of adults, four laparotomies, three cases of trephining, two cases of excision of the knee, one case of removal of three fourths of the left iliac bone by a chisel, one case of removal of two thirds of the left parietal bone for caries and consequent cerebral abscess, one case of sawing through the patella, and dissection of the diseased synovial membrane, several cases of removal by a chisel of carious portions of bone in the epiphyses of the knee-joint, several primary amputations, one case of excision of the wrist, two cases of excision of the ankle.

These cases were all found to be in a very satisfactory convalescent condition, with the exception of one case of laparotomy, for malignant disease, where the patient showed signs of recurrence of the disease, though no fever was present; one case of excision of the hip, and one of the knee free from fever, but showing evidence of extension of the disease of the bone. A laparotomy for examination of disease of the gall-bladder was performed after the morning visit.

Varying in important matters, the detail of operations and dressings at the hospitals in North Germany may be described as follows: The surgeon washes his hands and arms in soap and water, then in a solution of corrosive sublimate (and in the graver cases in ether first to remove all fatty matter) using a nail-brush, which is kept in a solution of corrosive sublimate, and a knife

to remove any foreign matter under the nails. The patient's skin is shaved and washed and scrubbed in the same way. An antiseptic spray is used in the room before the operation, but except in a few clinics, sepsis is prevented by irrigating the wound by solutions, weak antiseptic solutions, and by rigorous cleanliness of the instruments. These are kept in a tray under a carbolic solution, and as they are used and laid aside they are scrubbed by an attendant with a brush and again put in the tray. The assistants use the same precautions in cleanliness that the surgeons do, and all are dressed in freshly cleaned linen jackets, and the operator and his immediate assistant wear india-rubber aprons, which are washed with corrosive. At the close of the operation the wound is well doused with a solution of corrosive (1-2000 and 1-5000) and the dressing applied.

THE CONSTITUENTS OF ERGOT OF RYE.—

An advance has been made in our knowledge of the constituents and action of ergot of rye (*vide* Kobert, *Archiv für Exper Pathol. und Pharmacol.*, reviewed in the *Berlin Klinische Wochenschrift*). The practical result is, that the extractum secalis cornuti of the pharmacopœias is most unfitted for causing uterine action, for it contains only ergotic acid. Pure ergot of rye, undeprived of oil, and gathered in the autumn, is to be recommended. There are three chief physiological constituents in spurred rye. The first is ergotic acid (which forms most of Dragendorff's sclerotic acid). This substance does not set up ergotism, but, in frogs, it causes paresis and anesthesia; the animal may be made to appear dead for a week, the circulation still going on. Ergotic acid might apparently replace curare in experiments. Chronic feeding with ergotic acid causes no symptoms of any sort in rabbits, but hypodermic injections cause incoordination, general paresis, and death from paralysis of respiration. Sphacelic acid comes next, a resinous looking non-nitrogenous body. Given to fowls, this may cause the comb and wattles to become black and dry, even in a few hours, a true gangrene being set up. This is due to excessive contraction of the arterioles, causing extremely diminished blood-supply and hyaline thrombosis. After a fatal dose, retching, diarrhea, and vomiting set in, with ataxy, and death may be due to tracheal obstruction. If the animal survive, much larger doses will now be required before the

same symptoms are repeated. Long feeding with it caused the loss of the wing in one fowl, the general health being undisturbed. A remarkable thickening of the skin was also noticed. The third pharmacological element is a basic substance, cornutin. This is not identical with the wholly inoperative "ergotin" of Tanet, but forms the main constituent of ergot of rye after its oil has been removed. It causes death with convulsions in animals. The irregular contractions which it sets up in the uterus (gravid or not) have nothing to do with the true uterine tetanus consequent on taking large doses of secale cornutum, and which is to be ascribed to sphacelic acid. Cornutin causes convulsive ergotism; sphacelic acid causes gangrenous ergotism. Why in some seasons and neighborhoods only sphacelic acid develops in spurred rye, while, in others, cornutin is almost the only constituent, is unknown.—*British Med. Journal*.

CONSERVATIVE OVARIOTOMY—Professor Schatz, of Rostock, has described in the *Centralblatt für Gynäkologie*, a highly interesting case of pregnancy following double ovariectomy performed after a plan recently advocated by Schröder. On February 20, 1880, Dr. Schatz removed from a girl aged twenty a large cystic tumor of the left ovary, including the outer third of the fallopian tube, and all the ovarian tissue. The right ovary was distinctly enlarged and cystic; it was ligatured by means of three silk threads passed between it and the broad ligament, and cut away in such a manner as to leave a piece of ovarian tissue, hardly two millimeters broad, on the proximal side of the ligature. The right tube remained intact. An abscess formed, during recovery, in the track of a suture in the abdominal wound. On March 21st, when the period was due, severe pain was felt on the right side of the hypogastrium and right thigh, with vomiting and fever. The symptoms recurred on April 8th and May 8th. No deposit could be detected in the pelvis. The first "show" appeared on May 9th; it lasted three days, and was pale and scanty. It recurred on May 31st. In the interval, there were attacks of pain in the left groin. On June 11th, a swelling of the size of a plum was detected behind and to the left of the uterus, which was strongly ante-flexed. On June 28th, severe sacral pain set in; it radiated to the left inguinal region, and disappeared at period, which was copious, and lasted for six days. On July

15th, the uterus was found to be small and retroverted. The catamenia thenceforward appeared regularly till the patient's marriage in April, 1884. She became pregnant in September, and was delivered on May 12th of this year.—*British Medical Journal*.

TACT IN FEEDING INFANTS.—In no detail of nursery routine is a "knack" more serviceable than in feeding. This is especially true during the first days of weaning time, when the mother's anxiety over a refusal even to taste the novel food in the novel way is apt to be at the most distressing point. What often passes for distaste, or even lack of appetite, may be only a momentary whim easily overcome by a little judicious persuasion, perhaps under cover of some little ruse or a temporary diversion of the attention, during which the feeding may be accomplished in a mechanical way. An attempt to force a child to eat against his will, even when obviously in need of nourishment, may do more than fail of its purpose; it may provoke a rebellious spirit and create an aversion not only to the particular food administered, but to any other that may next be offered, which would, under other circumstances, be entirely acceptable to the fastidious little one. This repeated refusal adds anxiety to anxiety, the fact being overlooked that it is abnormal and might easily have been averted. Moreover, we can not tell to what extent our own feelings at such a time react, in spite of ourselves, on the baby; but react they often do, and only add complication to our troubles.—*Babyhood*.

RAYNAUD'S DISEASE.—At a recent meeting of the Clinical Society of London (Medical Press and Circular) Dr. Calcott Fox brought two adults affected with this disorder, and read notes on the cases. A woman, aged forty-one, of extremely nervous temperament, dated the commencement of the disorder from ten years back, but though this was the period when her attention was attracted by her pain, it is probable that she suffered from slight attacks for some years previously. In the earlier stages all her fingers continually went "like white wax." This condition of recurrent local syncope gradually gave place to local asphyxia, and the feet became involved. The fingers gradually lapsed into a state of chronic asphyxia, which was intensified by frequent attacks of more severity, often leading to "blood blisters and ulceration." The nutrition of the phalanges has suffered greatly,

so that her hands are crippled, the fingers are fusiform in shape, livid, shiny, and withered, the nails variously distorted, and the end phalanges much atrophied and almost immovable. The nose and ears are affected to some extent on exposure. Cold and nerve shocks are ready exciting influences. The second case was that of a man, aged fifty-one, and was of considerable interest from the fact, that like one of Raynaud's cases, he suffered from diabetes. His hands were not deformed, but he had suffered for several years from "dead fingers. He sought Dr. Fox's advice for symmetrical gangrenous patches on the skin, which recurred, and later for an attack of asphyxia of one great toe and lower third of the inner side of the leg, and then it was found that he had been attacked in a similar manner, though more severely in the other toe, and on another occasion blood blisters had formed beneath the ends of his toes. Dr. Fox concluded his paper by giving a reference to some cases which have been recorded as a scleroderma of the extremities. A woman with the latter disease was shown to illustrate the difference between it and Raynaud's symmetrical gangrene of the extremities.

Dr. R. W. Dunlap, a prominent physician of Danville, died of heart disease recently.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from July 19, 1885, to July 25, 1885:

Major Jos. H. Bill, Surgeon, U. S. A., died at Yonkers, N. Y., July 21, 1885. *Lieutenant-Colonel Charles McDougall*, U. S. A. (retired), died at Fairfield, Va., July 25, 1885. *Captain Calvin Dewitt*, Assistant Surgeon, promoted to Major and Surgeon vice Bill, deceased, to take effect from July 21, 1885. *Francis J. Ives*, appointed Assistant Surgeon with rank of First Lieutenant, to rank as such from July 25, 1885. *Captain A. C. Girard*, Assistant Surgeon, from Department East to Department Columbia. *Captain R. G. Ebert*, Assistant Surgeon, from Department Columbia to Department East. (S. O. 170, A. G. O., July 27, 1885.) *Captain L. S. Tesson*, Assistant Surgeon, ordered from Fort Stockton, Texas to Fort Davis, Texas. *Captain W. F. Carter*, Assistant Surgeon, ordered for duty as Post Surgeon, Fort Stockton, Texas. (S. O. 90, Dept. Texas, July 27, 1885.) *Captain A. H. Appel*, Assistant Surgeon, ordered for duty with U. S. troops forming portion of guard of honor over remains of ex-President, General Grant, at Mount McGregor, N. Y. (S. O. 36, Division Atlantic, July 29, 1885.) *Captain Wm. C. Gorgas*, Assistant Surgeon, granted leave of absence for two months, to take effect about August 10, 1885. (S. O. 169, A. G. O., July 25, 1885.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, AUGUST 15, 1885.

Original.

PUERPERAL ECLAMPSIA.*

BY WILLIAM BAILEY, A. M., M. D.

On the 30th day of May, 1885, at 10 A. M., I was called to see Mrs. F., aged twenty-seven years, primipara, with almost general anasarca, severe pain in the head, defective memory, and highly albuminous and scanty urine. Apprehending convulsions when gestation should be completed, I prescribed bromide and acetate of potash with digitalis in order, if possible, to increase elimination before labor should set in. Milk diet and laxatives were also advised.

At 8 P. M. of the same day, I was hastily summoned to her bedside, to find her in the second convulsion. An examination revealed that the membranes had ruptured, and that the os uteri was undilated, not admitting the point of index finger, but occasional pains were observed to be present.

I summoned to my aid at once Professor Turner Anderson, in the meantime keeping the patient under the influence of chloroform. Upon consultation we gave large doses of chloral hydrate by injection into the rectum, and continued the chloroform. Four convulsions occurred between 8 and 9 P. M.

From this time for several hours we had no return of them, and notwithstanding the urgent necessity of emptying the uterus in such cases, we were content to ward off the convulsions and await the dilatation of the os, which was being slowly but satisfactorily accomplished. By 2 A. M. of the 31st the dilatation was completed, and the labor continued. At 4 o'clock the head had come down, and when pressure was made upon the perineum another convulsion occurred. Forceps were now applied, and a small liv-

ing child was quickly delivered. Waiting twenty minutes, with the hand upon the abdomen, another convulsion occurred, when the placenta was removed from the upper portion of the vagina and the neck of the uterus.

Good contraction was at once secured with little or no hemorrhage. Convulsions lighter in form were occasionally present until about noon, lasting over a period of about sixteen hours, the number in all being about twelve or fifteen. No clear intellection was observed during this whole time, and for many hours afterward. Dr. Anderson saw the case with me again late in the afternoon of Sunday the 31st, and to-day she has no recollection of ever having seen him. Intelligence was not even partially restored until Tuesday the 2d day of June. In the afternoon of this day, consciousness began to return, and it was interesting to see the effort of the mind when grappling with the statement I had just made to her, that she had a baby. It was of doubt and interest combined.

Upon being questioned upon the morning of the 3d as to what I had promised her the evening before, with a radiant countenance, she replied that "I might see *my baby*."

All now seemed to be going well, but about the close of fifth day marked tenderness developed over the lower abdomen, but especially about the region of the ovaries and broad ligaments.

The whole abdomen became tender to the touch and tympanites rapidly appeared, temperature in the axilla running up to 103.5° F., pulse from 130 to 140 per minute. This was regarded by me as a peritonitis due to the uremia and not as a specific puerperal fever, for the reason that the lochia was still present and not offensive. The patient was treated by me for this trouble principally by opium, whisky, and milk.

*Read before the Louisville Medico-Chirurgical Society, July 11, 1885.

Suffice it to say that, after much anxiety and care I was rewarded by a slow but, under all the circumstances present, a satisfactory convalescence.

I have heard it said by surgeons that when an anomalous fracture or injury was observed by them, that almost invariably they would have in a short time a similar case.

I was called to see Mrs. C. on the 21st day of June, pregnant with her second child, showing the following symptoms: Great edema of the extremities, severe supra-orbital pain, loss of memory, marked pallor, and scanty elimination by the kidneys, urine highly albuminous.

This patient was placed upon the potash salts with digitalis. Tr. sesqui-chloride of iron was given both for its specific influence upon the kidneys and to supply iron to the blood. She was advised a milk diet, Bethesda water for her drink, with occasionally purgation by bi-tartrate of potash. By increased elimination and improved blood, I was enabled to hoist the stars and stripes over a baby delivered without an accident, which I so greatly feared. She was the subject of great edema even at the time of delivery. It extended up the extremities to the hips and abdomen, the vulva being enormously swollen.

General anasarca, difficult respiration, and a scarcely perceptible pulse, with marked anemia, characterized the case. I gave chloroform slightly during the labor, although the pulse was so feeble, my experience in the previous case no doubt increasing my apprehension of convulsion. The labor was happily terminated in less than four hours. By the way, I delivered this woman the first time, on the 1st day of January, 1884, and this time on the 4th of July, 1885, and who knows but that she may adhere to this practice, and that I may have an engagement for the 22d day of February, 1887. It will be interesting to see how observant some people can be of national holidays.

Many points of interest have attracted me in my study of these cases.

While I have no doubt that there are many predisposing and exciting causes of so-called puerperal convulsions, yet I am fully satisfied that the difficulty in both cases was due to some interference with the renal circulation and hence renal function, and that non-elimination of effete matter was the thing to be apprehended.

I will not stop to argue whether this was

urea, or its product, carbonate of ammonia, or whether the effect was due to edema of the brain, as some maintain. At any rate to my mind it is the condition of blood that pertains to acute Bright's disease of the kidneys, and should be treated accordingly.

As a rule so soon as the delivery relieves the pressure upon the renal vessels all convulsive action ceases; but this is not invariable. So much of effete matter may be retained in the blood that the convulsions continue till the elimination is accomplished.

Convulsions occur most frequently at the time of labor, which seems to be occasionally greatly hastened by them. It is unfortunate to have them occur before preparation has been made for forceps delivery, for necessity may exist for quickly emptying the uterus.

Complications are more likely to develop during this lying-in when convulsions exist. Convulsions are not of very frequent occurrence, but are among the gravest of accidents, being placed in the list next to rupture of the uterus. They are observed by authorities about once in every three hundred and fifty cases. Mortality varies considerably, both as to the mother and child, and in my judgment depends largely upon the management.

I strongly advise the use of chloroform during the attack, but especially the free use of hydrate of chloral by injection. My patient had dram doses several times repeated during the first twenty-four hours. Urgent necessity exists for prophylaxis if you see the case before the time for the labor. This is shown by the results in the two cases. In the one, prophylaxis being entirely successful and failing in the other for the want of time.

I saw the one, two weeks before labor, and the other only a few hours before. In the way of additional prophylaxis when the symptoms are urgent, as in threatened uremic convulsions from other sources, I would advise the use of the hot vapor bath and the influence of pilocarpin by hypodermic injection.

If time allows, many cases will be saved by a strictly milk diet.

How often have I seen the dropsy of Bright's disease rapidly disappear under two or three quarts of milk per day? No other medication being used.

It may be that additional virtue adheres to city milk on account of the largely increased element of water that it possesses.

I think very favorably in urgent cases of elimination accomplished through the alimentary canal by means of purgative doses of jalap and bi-tartrate of potash.

If my anxiety and study of these two cases shall prove to be of service to any member of the Medico-Chirurgical Society by leading him out of the labyrinth of despair surrounding such cases, I shall feel myself fully compensated for the labor of this report.

I beg leave again to acknowledge my indebtedness to Prof. Anderson for his efficient services in the case.

LOUISVILLE, KY.

ON THE PREVENTION OF SUNSTROKE.*

BY FREDERICK EKLUND, M. D.

There are a few points of high importance to the student of general hygiene in connection with the above-mentioned malady which I wish to notice in this paper.

Deaths from sunstroke were extraordinarily frequent on the North American continent during the summer of 1881. Thus, for example, in the city of Cincinnati, in Ohio (from whence I received the weekly statistical tables of mortality through the kindness of the Board of Health and Dr. Abijah J. Miles), during the week which ended with the 16th of July, 1881, there were reported four hundred and fourteen deaths, of which two hundred and sixty-four were registered as due to sunstroke ("*insolation*"), and one hundred and fifty as caused by excessive heat.

Here I may be permitted to remark that these tables are in some degree defective, since they fail to distinguish (according to Jambasch) as dependent upon one cause three kinds of sunstroke, viz., first, "*hèliose*," or "*insolation*" (sunstroke), "*sonnenstich*," caused by the direct exposure of the body in repose or motion to the burning solar rays, and endemic in the sub-tropical countries; second, *coup de chaleur* (heatstroke; "*hitzschlag*," due to the action of heated air on the organism in motion (the subject being engaged in muscular or mental work), and often epidemic in the temperate zones; third, *coup de calorique* (warmthstroke, "*warmeschlag*") caused by elevated temperatures, the organism being in repose, and endemic by preference in the tropics,

where the cases observed are generally isolated.

This perfect nomenclature, as judiciously suggested by Jambasch, is of practical advantage, since by its aid it is easy to apply suitable hygienic measures for the prevention of each variety of the affection. In the epidemic of sunstroke here treated, two circumstances especially merit attention, namely, the relative frequency of sunstroke in persons of different ages (*dans les classes d'âge diverses*), and the temperature of the surrounding air. The mortality was greater between the ages of ten and twenty years (*dans la classe d'âge 10 à 20*), there being in this class one hundred and thirty-eight deaths from sunstroke (*insolation*) and twenty-three from heatstroke ("*coup de chaleur*," "*calorique*"). In the second place, in the class younger than a year, there were sixteen deaths from sunstroke and seventy-eight from heatstroke. Then, between the ages of twenty and forty ("*dans la classe*, etc."), there were respectively fifty-one and eight deaths; immediately after, in the class represented by persons whose ages ranged from forty to sixty years, there were respectively forty-one and five deaths; we find the ages ranging between five and ten years with respectively eleven and fifteen deaths, and finally, the ages one and five years, with respectively four and twenty deaths. Among the inhabitants who were from sixty to eighty years old, we find but three deaths from the former and one death from the latter, which proves that this class bear best of all the great heats.

The malady in question first proved in the highest degree fatal to the native Cincinnatians, of whom not less than one hundred and ninety-two died. Secondly, the relative frequency of deaths was preponderant among the German natives, of whom one hundred and forty-six expired. The Irish natives appeared in the third place with fifty-nine deaths. The colored race could rejoice in an almost absolute immunity, as but one, a negress, died from the effects of sunstroke.

The mean temperature of the air did not range during the week in question above 31.11° Centigrade. The highest temperature, 38.61° C. was observed on Sunday, the 10th of July, and continued at almost the same elevation during the two following days. In the six years 1875 to 1880 inclusive the mean temperature of Cincinnati was 13.4° C.; that of Stockholm, 4.98°. The maximum temperature of Cincinnati during

* Translated from the author's MS. in French by W. M. Holladay, M. D., Resident Physician Louisville City Hospital.

the hottest month (July 1875-1880) was 35.34° C.; that of Stockholm during the same period of six years was 29.56° C. (In June this recurred three times, and July also three times.)

The most remarkable point in the preceding account is, in my opinion, that the mortality by sunstroke proper (*"proprement d'été"*) was the most frequent (one hundred and thirty-eight cases) among young persons, aged from ten to twenty years, while at the same time (9th to 16th of July) the greatest number (seventy-eight cases) of deaths from excessive heat (*"coup de chaleur"*) was observed among children less than a year old, and this when the temperature was not raised a single time to 39° C. By this comparison it is shown that it is principally minors and children of a low age who are menaced, and that, too, by a temperature of air but relatively little elevated.

It is evident, from such a showing, that the sanitary authorities are in duty bound to administer timely counsel through the daily papers when the season of great heat approaches, that the people may avail themselves of all possible means of protection against so great a danger to life and health, for prophylactic measures are no less imperative here than in the case of threatened epidemics of zymotic diseases.

It is principally the dwelling, the breathing air (*air à respirer*), the food, the clothing, and means of cleanliness to which prophylactic measures and regulations should be directed. Casual refuges for those whose work compels them to run the risk of sunstroke ought to be prepared beforehand. Doubtless it would be convenient to build in certain convenient public places, at the commencement of the heated term, sheds for this purpose. The roofs and walls of these sheds should be made of double sheets of plated copper or iron. The metallic sheets should be separated, spaces for air being maintained between them throughout their length. Over the plates cold water should be made to flow (*ou ferait découler*) by some appropriate device in order to cool the roofs of the sheds.

It is well known that the elimination of the superfluous heat from the human organism is made in the proportion of 0.71° to 1° C. (total) by radiation and conduction. The object of the cold walls of the sheds is to provide those who may be threatened with sunstroke with large surfaces against which they can more easily radiate their excessive heat.

In cases of excessive dryness of the air it would be very proper to sprinkle cold water upon the inner surfaces of the sheds. Still a problem of high importance is the ventilation of these resorts, as we well know the quantity of excrementitious gases eliminated by the lungs—to wit, carbonic acid gas and the offensive organic gases which arise from the decomposition of albuminous material—is considerably augmented in the great heats.

For this reason it is of the greatest necessity to remove the vitiated air from the sheds as soon as possible, and to introduce pure and cool air, with a velocity of 0.8 meters a second, while the confined air goes out with a little less velocity, so that the air in the building does not become rarefied, but rather the reverse. The evacuation of the vitiated air is best effected by revolving fans whose rotations may be kept up by electrical apparatus with storage batteries. For the introduction of cold air refrigerating machines, according to the system of Windthausen, are certainly worthy of serious consideration, since such a machine, of the most simple construction and costing 1,125 *mille francs*, can with ease produce at least from three hundred to four hundred kilograms of ice per hour, the cooling action of which, valued in money, is equivalent to sixty-four centimes for one hundred kilograms of ice. The expense of furnishing cold water to drink and to cool the walls of the sheds, and also the cold air, is thus reduced to a minimum. The machines in question, constructed for the simultaneous production of ice, of cold water, and air, are so arranged that the cold air which goes away from the ice-making apparatus, and which had originally a temperature of -40° to -70° C., according to the measure in which it has been drawn, attains a temperature of from 0° to -10° C., which can be used very advantageously for the direct cooling of water.

The apparatus for cooling this consists of a high wooden or iron cistern, into which the water to be cooled enters continually from the top, and flows in the form of a cascade over horizontal tiles which are arranged in the cistern. The cold air, on the contrary, passes rapidly from the bottom of the cistern to the top, and so cools to nearly 0° C. the water which flows in waves against the air. The water thus made cold and massed in a reservoir is to be used for drinking-water, to cool the walls of the sheds, etc. The remainder of the cold air,

which can be employed for cooling and re-
newing the air of the sheds, can be in-
troduced if it is necessary, mixed with the
external air, directly into the sheds.

It should be borne in mind that little
children support very badly degrees of tem-
perature below 18° C. This is why it is
necessary that the officers of the public
health service fill also the places of physi-
cians in the sheds.

Since the greatest quantity of heat pro-
duced in the human organism is due to a
process of oxidation, for which the most
important materials are the fats and hydro-
carbons, and, since the decomposition of
the circulating albuminous matters is greatly
increased in hot weather, and yet more by
the immoderate use of drinking-water, it is
evident that the diet plays an important part
in the prevention of sunstroke. For this
reason also it is necessary, in the first place,
that all fatty substances be banished from
the diet; in the second place, that the three
hundred and twenty grams of carbon, re-
quisite under ordinary circumstances, be
reduced as much as possible, for example,
to 200-250 grams, so that the least possible
quantity of heat may be produced, and that
the albuminous food be augmented from 20.2
to 25 grams, so that the nitrogen of the food
may be to the carbon as 1 to 10.* Under
these circumstances vegetables are much to
be preferred to albuminous or animal foods,
as containing in their chemical composition
more nitrogen and less carbon than the lat-
ter. Some proper and varied menu, ar-
ranged in conformity with the principles
which I have just mentioned, should be
published in the daily papers. Here is a
bill of fare for one day :

ARTICLES.	Grams.	Album- inous matter.	Fatty matters.	Hydro- carbons.
Boned Fish	400	59.60	0.80
Carrots	200	2.00	0 40	18.6
Whey, boiled clear	1,000	16.00	4.00	100.0
Lean Veal	300	59.70	2.40
Cabbage, Lettuce..	100	1.41	0.31	2.2
Wheat Bread	200	17.80	2.00	115.4
Total	2,200	156.51	9.91	236.2

156.51 grams of albuminous matter contain 83.35
grams carbon.....

10.71 grams of fatty matter contain 8.45 grams
carbon

236.2 grams of carbo-hydrates contain 104.8grams
carbon.....

196.60
grams
of
carbon.

=1N : 9C.

For the other days of the week there may
be suggested, hares, partridges, goat meat,

*156.51 grams of albuminous matter contain 24.68 grams
nitrogen

fresh, dry, or salt cod-fish, perch, white of
egg, blood-pudding, cakes of flour, the lean
fishes, for example, the ling, macaroni,
rice, spinach, cauliflower, white cabbage,
red beets, radishes, turnips, French beans,
apples, pears, grapes, cherries, currants,
etc. '

For children under a year of age, and not
at the breast, the exclusive use of whey as
a diet is to be recommended.

It is needless to say that it is the duty of
the sanitary authorities to furnish an abun-
dant supply of cold drinking-water, great
basins of water cooled to +8° C. for shower
baths, and at +18° C. for bathing, and
above all to furnish tepid baths for those
whose skins become dry and harsh in con-
sequence of defective perspiration. All
of these should be furnished at public
expense.

All fatiguing work is to be avoided so far
as possible. Heavy work during the great
heats should be done, and all violent exercise
taken, during the early morning hours only
(2 and 4 o'clock, A.M.), when the temperature
of the body shows by general rule a mini-
mum of 36.5° C.; as for clothing, a gar-
ment of wool, light and thin, and worn
next to the skin will be found most con-
ducive to comfort.

Perhaps it is superfluous to remark that
the measures above suggested can be modi-
fied according to circumstances. The means
of ventilation and refrigeration above men-
tioned may be easily applied in public edi-
fices, to wit, counting-houses, churches,
school-rooms, restaurants, etc.

Concerning the influence of the luxuries
of life, tea and weak black coffee may be
said to exercise a salutary influence. But
it is necessary in most cases to prohibit the
use of fermented and alcoholic beverages,
tobacco, venereal abuses, and every thing
that savors of debauchery. A good Bor-
deaux wine may be advantageously used.

STOCKHOLM, SWEDEN.

CITY WELLS.—The story is essentially
the same as may be told of any compactly-
built city, especially of the older parts,
where the same houses have been occupied
for hundreds of years. Of a hundred and
fifty wells examined, less than ten per cent
furnished water really good enough to use,
and only two or three water which was
above all suspicion.—*Science (Sanitary Num-
ber)*.

Miscellany.

INTERNATIONAL MEDICAL CONGRESS — The Philadelphia Medical News of August 8th gives the following significant items of news relative to the Congress controversy. The destructive work of the American Medical Association, and the reconstructive work of its new committee do not appear to be gaining favor with the profession at large:

MORE WITHDRAWALS FROM THE CONGRESS.—We are requested to announce the following declinations of office under the new committee: Drs. Hunter McGuire and S. P. Moore, of Richmond, Va., as Vice-Presidents of the Section of Military and Naval Surgery and Medicine, and Dr. James B. McCaw, of Richmond, Va., as Vice-President of the Section of Medicine; Dr. Le Grand N. Denslow, of St. Paul, as member of the Council of the Section of Dermatology and Syphilis.

We are informed that Dr. John L. Atlee, of Lancaster has declined his appointment as Vice-President of the Congress, and that Dr. Joseph R. Smith, U. S. A., has declined to serve on the Council of the Section of Public and International Hygiene; Dr. E. S. Dunster, of Ann Arbor, on the Council of the Section of Obstetrics and Gynecology; and Dr. Henry Sewall, of Ann Arbor, on the Council of the Section of Physiology.

THE DALLAS COUNTY (TEXAS) MEDICAL SOCIETY AND THE INTERNATIONAL MEDICAL CONGRESS. The following preamble and resolutions were adopted by the Dallas County (Texas) Medical Society, in special session convened, July 25, 1885. The president, S. D. Thurston, M. D., in the chair.

Whereas, The American Medical Association, at its meeting in Washington City in May, 1884, recognized a general desire of the medical profession of the United States by adopting a resolution under which a committee was appointed whose duty it should be to extend an invitation to the International Medical Congress, shortly to assemble at Copenhagen, to hold its next meeting in 1887 at Washington City, D. C., and

Whereas, The said committee, by the letter and spirit of this resolution, was fully empowered to act, not only as a Committee of Invitation, but as an Executive Committee as well, and

Whereas, The said committee in pursuance of the objects of the above-mentioned resolution, and duly exercising the unlimited authority delegated to it, enlarged its membership and otherwise provided for the successful holding of an International Medical Congress at Washington City in 1887, all of which arrangements were considered by us as judicious, and, contrary to what has been charged by some, wholly disinterested as to personal or local aggrandizement, and

Whereas, The American Medical Association, at its last meeting at New Orleans, did, in our judgment, unwisely and untimely, virtually rescind its former action, which reactionary movement has deranged, if not indefinitely suspended the work of the original committee which was satisfactorily progressing, and created an indifference

to the Congress among recognized leaders of medical thought and interest throughout the country, and

Whereas, There are those who persist in urging the so-called justice of their claims for the organization of the International Medical Congress on a territorial basis, which unfortunate idea has been unwisely further extended by some members of the profession in Texas in a manner calculated to arouse a sectional prejudice, which has little if any existence in our State; therefore, be it

Resolved, That the Dallas County Medical Society deplores what must be considered the present interregnum in the affairs of the contemplated International Medical Congress, brought about, as we believe, by an ill-considered and hasty action at the New Orleans meeting before mentioned; that this Society was fully satisfied with the work of the original committee, which was composed of able, eminent, and conscientious members of the profession; that this Society repudiates any attempt to inject a sectional feeling into a purely professional matter which has reference to scientific investigations only, and that said attempt, if offered in behalf of the medical profession of Texas, is, in the opinion of this Society, both unauthorized and gratuitous; and that, looking beyond a narrow-minded policy of personal aggrandizement and sectional interest, we heartily commend the recent action of Philadelphia and Baltimore brethren, as well as those elsewhere, who have retired from the Congress until a more dignified and unselfish view of the arrangements can be had; and we pledge them our hearty support and good will in their efforts to advance the interest of the American medical profession in future meetings of International Medical Congresses, where the truly representative medical abilities of our country shall be enlisted uncontrolled by geographical lines or personal preferences.

"THE ACTION OF THE AMERICAN MEDICAL ASSOCIATION INDORSED."—We have before us a circular with the above heading, which, we are informed, has been widely circulated throughout this State. It is signed by Drs. Wm. H. Pancoast, Wm. B. Atkinson, and P. D. Keyser, and is as follows:

"The action of the American Medical Association, at its meeting in New Orleans in April and May, and in the subsequent action of its committee at Chicago, in insisting that only those in accord with the National Code of Ethics should become members of the Ninth International Medical Congress, to be held in Washington, D. C., in 1887, is most heartily indorsed; and we will personally do all in our power for the success of the Congress."

Appended to the circular is the request that, if it meet with approval, it be signed and returned to Dr. Pancoast's address.

THE SPECIAL MEETING OF THE COMMITTEE OF THE AMERICAN MEDICAL ASSOCIATION ON INTERNATIONAL MEDICAL CONGRESS.—We are informed that "The committee appointed in accordance with resolutions passed at New Orleans will meet in special session for the transaction of urgent business" at New York on September 3d.

WHAT THE FOREIGN MEDICAL PRESS SAY.—The extracts from the American medical journals,

which we print elsewhere, will be sufficient to show that the prevalent opinion in the States is, that the Washington Congress is not only in danger, but absolutely doomed to failure. The leaders of the profession, both in Boston and Baltimore, have followed the lead of the Philadelphians, and withdrawn from the Congress, and it is not unlikely that their example may spread to other cities, though, indeed, enough has already been done to turn the meeting of 1887 into what an American contemporary, drawing its illustration from our common history, appositely terms a "rump" Congress. The only hope is that the American Medical Association will be startled back to its senses by the strong and decisive action of the profession in Philadelphia, Boston, and Baltimore, and will make haste to retrace its steps. It may be taken for granted that not even the leaders of the malecontents, and certainly not the members of the Association at large, realized that the results of their action would be destruction to the Congress of 1887, and danger to its successors. Such an event was probably far from their calculations. They simply reckoned without their host, that is, their leaders, and if they are wise they will cast another reckoning, this time with due regard to the said host.—*London Medical Times.*

THE most recent advices from the United States have brought the startling intelligence that there exists in the American medical profession a very serious discord concerning the next International Medical Congress. We do not propose to discuss the etiology of this rupture, for it is quite enough to be called upon to face the fact as it exists. The fact is very grave. Its existence jeopardizes, if it has not already destroyed the probable success of the forthcoming Congress. Certainly our brethren in the States can not expect those who have already promised to attend and those who may expect to visit America at that time, to work with enthusiasm in the preparation of any scientific contribution while those whom they propose to visit are divided, and while wholesale secessions of the official executive and of well-known persons nominated to high offices are announced. Nor do we consider it to be either our duty or privilege to suggest a remedy for this exceedingly unpleasant dilemma. It seems to be conclusive that the profession in America at this moment is hopelessly divided on the subject. Already a large proportion of the influential and active scientific men of Philadelphia, such as Bartholow, Weir Mitchell, Da Costa, H. C. Wood, Pepper, Leidy, Stillé, Parvin, and Goodell, and Vandell, of Louisville, have publicly withdrawn from the organization of the Congress. A like number of distinguished men in New York, such as Loomis, Roosa, Jacobi, Mundé, Agnew, and Emmet, have also either resigned or been dropped, and therefore will not co-operate with the present organization. The outlook as the matter now stands is not at all encouraging. One committee has reorganized the work of another up to the point near that of destruction. Moreover, the work of the present committee must be submitted to the American Medical Association in May, 1886; and no one can say to what extent it may also be either overturned or modified in such a way as to impede seriously the labor necessary to be performed before the meeting of the Congress in 1887. Altogether, the

position is lamentable, and there is much fear that the acceptance of the invitation to meet in the States may be withdrawn, and the next meeting of the International Medical Congress be held in Berlin or some other great medical center, pending the settlement of the serious dissensions among our brethren of the United States.—*British Medical Journal.*

THE success of the next International Medical Congress is being seriously jeopardized by the continuance of disagreements among the different sections of the profession in America. The Preliminary Arrangements Committee recently met in Chicago, and after making sundry alterations in the constitution of the Congress, including omission of the sections on Dental and Oral Surgery, Nervous Diseases, Obstetrics, etc., and having appointed chairmen of sections, it adjourned until May, 1886. A week later those members of the Congress who reside in Philadelphia met together, and decided that the changes made in the preliminary organization and rules for the Congress had necessitated a meeting of the Philadelphia contingents, who there and then resolved that, in view of the injury likely to result from these changes, both to the American profession and to the Congress, their duty laid upon them the necessity of declining to hold any office whatsoever "in connection with the said Congress as now proposed to be organized." The importance of this incident may be gathered from the fact that the list of names attached to the resolution in question includes many who had already been appointed chairmen of sections by the Chicago committee, and among others the following: Drs. David W. Vandell, Weir Mitchell, Samuel W. Gross, Da Costa, Hayes Agnew, Roberts Bartholow, Duhring, W. Goodell, Minis Hayes, Joseph Leidy, W. Osler, Alfred Stillé, H. C. Wood, etc. The position and reputation of the well-known gentlemen included in this list are a sufficient proof of the importance of the split which has thus unfortunately arisen; and since, should the arrangements for the meeting be continued under the existing strained circumstances, nothing but disaster can ensue, it becomes an immediate question whether steps should not be taken for selecting another place than America as the scene of the next International Congress.—*London Medical Press.*

CHICAGO SEWERS AND DEATH-RATE.—As the cholera epidemic of 1849-50 led directly to the introduction of lake-water, and the foundation of what is in some respects now the most magnificent system of water-supply in the world, so the repeated epidemics of cholera and dysentery led to the adoption, in 1856, of a system of sewerage which, within twenty-four years thereafter, had furnished more linear feet of sewers *per capita* of population than any other of the large cities of the Union. For fourteen years (1843-56 inclusive) the average annual death-rate of the city had been 37.91 per thousand, probably the highest of any city in the United States; during the first fifteen years of sewer-construction (1856-70)

the average annual death-rate was reduced to 23.97 per per thousand; while from 1871 to 1884, inclusive, the average has still further fallen to 21.40 per thousand. And although there have been marked fluctuations from year to year—rising to 32.22 in 1866, and falling 16.49 in 1878—on the whole there is a striking correlation between the annual death-rate and the number of feet of sewers *per capita* year by year, independent of all other influences.—*Science (Sanitary Number)*.

HEALTH IN MICHIGAN, JULY, 1885.—Reports to the State Board of Health, Lansing, by observers in different parts of the State, show the diseases which caused most sickness in Michigan during the month of July (five weeks ending August 1), 1885, were as follows: Number of weekly reports received, 358.

Intermittent fever.....	65
Diarrhea.....	62
Rheumatism.....	59
Neuralgia.....	58
Consumption of lungs.....	48
Bronchitis.....	41
Cholera morbus.....	39
Tonsilitis.....	36
Remittent fever.....	30
Erysipelas.....	21
Cholera infantum.....	20
Influenza.....	18
Inflammation of kidney.....	17
Inflammation of bowels.....	16
Dysentery.....	15
Whooping-cough.....	14
Diphtheria.....	11
Scarlatina.....	11
Typho-malarial fever.....	10
Pneumonia.....	10
Cerebro-spinal meningitis.....	8
Measles.....	8
Puerperal fever.....	6
Inflammation of brain.....	6
Typhoid fever (enteric).....	6
Membranous croup.....	1
Smallpox.....	0

For the month of July, 1885, compared with the preceding month, the reports indicate that diarrhea, cholera morbus, and cholera infantum increased, and rheumatism, influenza, tonsilitis, pneumonia, and bronchitis decreased in prevalence.

Compared with the average for the month of July in the seven years, 1879–1885, remittent fever, intermittent fever, dysentery, consumption of lungs, cholera infantum, diarrhea, cholera morbus, measles, and whooping-cough were less prevalent in July, 1885.

For the month of July, 1885, compared with the average of corresponding months for the seven years 1879–1885, the temper-

ature was slightly higher, the absolute and the relative humidity were more, and the day and night ozone were less.

Including reports by regular observers and others, diphtheria was reported present in Michigan in the month of July, 1885, at sixty places; scarlet fever at thirty-four places; measles at fifteen places.

LAPAROTOMY WITH SUTURE OF THE INTESTINES.—The Washington correspondent of the New York Medical Journal says that Dr. John B. Hamilton recently performed laparotomy and sutured the intestines in a young mulatto. The wound was inflicted by a pistol carrying a thirty-two-caliber ball. The missile severed a small artery in the mesentery, and made eleven wounds in the small intestines and two in the ascending colon. The operation was performed three hours after the accident. The artery was tied and the wound stitched with Lembert's sutures. Feces passed by the natural channel on the seventh day, and on the twentieth day patient sat up, the abdominal wound having healed. The ball passed with the feces on the twelfth day.

WELLS AND BACTERIA.—These results emphasize the importance of an intelligent survey of the condition of the soil in selecting a home, and of a legislation prohibiting the pollution of the soil.

In many towns and cities the privy-vaults and leaching cesspools of every house drain really into the sheet of ground-water. The soil arrests the coarse material, the grease and slime; but the swarming bacteria diffuse with ease, as much as the soluble chlorides and nitrates, and follow the flow wholly unobstructed. Into this same soil are sunk or driven the wells; and the water that is drawn for use is polluted in proportion to the number and proximity of the vaults and cesspools, on the one hand, and the thinness and sluggishness of the water-sheet on the other. In the worst wells in daily use the water is distinctly colored with sewage; but the most deadly water may carry only the germs of typhoid-fever or of dysentery, and be otherwise sparklingly clear, and so pure as to pass unchallenged through the most searching chemical analysis.—*Science (Sanitary Number)*.

PYRIDINE FOR ASTHMA.—Professor Germain See has recently laid before the Academy of Sciences some favorable results obtained in the employment of pyridine in the

treatment of asthma. The best method of administration has been found to be by inhalation, which yields better results than either subcutaneous injections or the smoking of cigarettes saturated with the base. (*Nouv. Rem.*, June, p. 121.) For this purpose four or five grams are poured on a plate placed in a closed room. The air in this confined space being breathed by the patient, the pyridine passes rapidly into the blood, and its presence can be very soon after demonstrated in the urine. The patients are said to quickly experience a marked diminution of oppression, and the symptoms generally rapidly improve.—*Med. Press.*

HEARING MADE BETTER BY NOISE.—At a recent meeting of the Practitioners Society, of New York (*Medical Record*), Dr. Samuel Sexton related the history of a patient whom he expected to show to the members, but the inclemency of the weather had prevented his presence. The case began as a destructive inflammation of both ears from scarlet fever, while the patient was but seven years of age. In his youth he was quite deaf, but hearing began to return as he grew up to manhood. Finally he went as fireman on a railroad locomotive, and advanced to the position of engineer. For many years he ran an engine without there being any complaints made, and without regarding himself as deaf. But when the custom was introduced of examining railroad employes regarding their ability to hear well, he was dismissed. Being thus thrown out of employment, and having nothing to do, he drifted into the Eye and Ear Infirmary. On examination Dr. Sexton found that he could not hear a loud voice at a distance of only a few feet, and was unable to understand any thing which was said to him. But he made the statement that when on an engine in motion he could hear every thing; could hear better than the fireman, whose hearing was normal. But the moment he got off the train and went to the company's office, he could hear nothing that was said to him.

The point of particular interest in the case was that which raised the question whether these people could be benefited by artificial drum-heads to such an extent as to enable them to continue their vocation. He introduced an artificial drum-head into one ear of this patient, and much to his surprise the man was immediately able to hear ordinary conversation. The next time he

returned to the dispensary, the man had obtained a place as stationary engineer. A drum-head was then placed in the other ear, and he was able to hear with that ear also.

Of course it is not in every case of deafness that an artificial drum-head would prove of benefit; indeed, the cases were few in which persons would be enabled by this means to continue their occupation, where it was necessary to hear well. It was only in cases in which the drum-head partially remained that such a device was of service.

CAUTION IN ANESTHESIA.—Dr. Buck, London, says that if the patient be not thoroughly under the influence of chloroform, any irritation of the fifth nerve will produce slowing of the heart and final stoppage through the pneumogastric nerves.—*London Lancet.*

A CORRESPONDENT writes that a woman, formerly a nurse, but now flourishing in the rôle of a "doctor," lately sent a written request for him to "bring a *cathedral* and draw her patient's water." He found a catheter to be large enough and more portable.—*Boston Medical and Surgical Journal.*

THE *Medical Record* says that the British Medical Association at its recent meeting decided to erect a building for printing and publishing the *Journal*, with offices, reading-rooms, etc., the total cost of which will probably be over \$150,000.

THE Third Annual Meeting of the American Rhinological Association will be held at Lexington, Ky., October 6, 1885. The papers and the discussions will be devoted exclusively to the diseases of the nasal passages and their sequences.

PROFESSOR MERKLE, of Königsberg, has been called to the chair at Gottingen formerly held by Professor Henle.

ANTHRAX is reported to be prevailing extensively among cattle in the region of New Iberia, La.

A NEW hospital for the treatment of children who are the subjects of chronic disease was recently opened in St. Petersburg.

THE English physician, Dr. Stephen Paul Engleheart, lost his life in West Africa recently, through the capsizing of a boat.

The Louisville Medical News.

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LOIMOPHOBIA.

Recent advices from the cholera-cursed regions of Spain and France are matter for serious concern, if not alarm, to the dwellers of Europe and North America. On the 4th inst. over 4,000 new cases of cholera were reported in Spain; on the 8th the deaths numbered 1,816, and for the week ending with this date more than 11,000 persons had fallen victims to the scourge. On the 11th of July the total number of deaths in Spain from cholera alone was estimated at something over 10,000; one month later, August 10th, the death-roll is said to have numbered 46,678. On the 11th 3,510 new cases, with 1,343 deaths, were reported throughout Spain.

It is said that these figures fall short of the truth, since many cases die unseen by the physician or sanitary officer, and the anarchic state of many of the towns and villages forbids the framing of complete reports; but, on the other hand, it must not be forgotten that in times of pestilence and popular terror the reported figures of the doings of death are sometimes exaggerated.

If these figures be taken as approximately

true, with the sudden appearance of cholera at nearly the same time in Barcelona, Bilbao, San Sebastian, Santander, Huesca, Tolosa, and other places, it is evident that the disease is rapidly assuming the proportions of a great epidemic in fatality and in sweep, with the probability that it will extend its ravages into all unguarded regions which possess the conditions essential to its propagation.

As is well known, in spite of the attempt of the authorities to keep it a secret, the disease is well planted in France. It seems to have scaled the Pyrenees, and now appears upon their northern slopes. Cases are reported from Toulon and the Basses Alps, while Marseilles, which has been under the scourge for some weeks, is in filth and in panic with a death-rate of from twenty to forty a day. Whether the cholera of Southern France came by direct importation from Spain, or by development from the seeds of last year's planting, can not now be told. Either theory is held by different sanitarians. The indications are that France is in for another siege, and that her fair cities will be scourged, each in inverse ratio to the degree of its sanitary completeness.

Italy, it is said, is in great alarm in recollection of her terrible experience of last year, and the present proximity of the disease. Indeed, there are already rumored cases of cholera at Genoa.

John Bull, who it is said does not believe in quarantine, has been made to quake in his boots through the recent development of a case which his carelessness let into Bristol. The patient, a sailor from Marseilles, gave undoubted evidence of Asiatic cholera, and died in a few hours. It is said that but once in the century (1866) has the disease appeared in England so early in the season. The cities of the kingdom are making abundant preparations for dealing with the pestilence should it spread, and if not thwarted by the water-supplies, which in some places are vitiated in consequence of the recent drouth, will probably master the situation.

Our own land seems just now to be a silent and unconcerned observer of the situation. Many of our citizens, and not a few of our rulers, are off for a holiday, while no small percentage of those who are left at home are ignorant of or indifferent to sanitary matters.

It is said that our coast quarantine is efficient. May it be so, since it is almost certain that its strength of fiber and width of mesh, as a bar to the pestilence, will soon be put to the test. The Record views the situation in its issue of last week, and aptly points out the following as threatening sources of invasion. It says:

It will be well for our quarantine authorities to be on their guard against all vessels arriving from Spanish or French ports on the Mediterranean. They should also be well informed about the sanitary condition of Cuban cities. News from Havana shows that, while the inhabitants of that city well know that they are in danger, very little has been done to prevent the introduction of cholera at that port.

This is indeed well; but it will not do for our towns and cities to lean for protection upon coast quarantine; and since it is true beyond demonstration that cholera yields no obedience to land quarantine, it is to be hoped that a sufficient scare will be stirred up inland to cause a thorough cleaning up of house, street, alley, drain, gutter, and sewer, in every place, with measures which shall secure the water-supplies against all possible contamination. Let the fear of cholera be held up before the people's eyes, and mayhap they will consent to walk for a time in the way of sanitary righteousness; for however fatal cholera-phobia may be as a complication of the disease, its prophylactic influence can not be denied, provided it be early made to antedate the coming pestilence.

SNUBBED.—The French Academy recently refused to hear a paper by Ferran in justification of his practice of so-called cholera vaccination. It is said that this places him beyond the pale of scientific respectability. In short, they dub him quack and shoot him out.

Bibliography.

The Principles and Practice of Gynecology.

By THOMAS ADDIS EMMET, M. D., LL. D., Surgeon to the Woman's Hospital of the State of New York, etc. Third edition, thoroughly revised, with 150 illustrations. Large 8vo, pp. xxiv and 876. Philadelphia: Henry C. Lea's Son & Co. 1884. Cloth, \$5.00; leather, \$6.00; half russia, \$6.50. For sale by John P. Morton & Company.

Among the classics of Gynecological literature, the work of Dr. Emmet has been generally accorded the highest place. But this verdict, while doubtless very flattering to the author, seems to give him great concern lest his work should be left behind in the rapid putting forth of this branch of medicine.

The first edition appeared in 1879; a new one was called for in 1880, which gave him great labor in revision, and in less than four years thereafter a third was demanded, the preparation of which has cost the author an amount of labor almost equivalent to the writing of a new volume.

Truly the maker of a good book in medicine is a modern Sisyphus; but perhaps more fortunate than his ancient prototype, since his task is one of use, and the stone which he rolls up to the summit of the hill of science, though certain to come tumbling back again, stands in poise for a time and gives the demigod a chance to breathe and bait before he resumes his heavy task.

According to the author's memorandum, the new features of the present edition are the rewriting of the chapters on the Relation of Education and Social Condition to Development, on Cellulitis, on Diseases of the Ovary, on Ovariectomy and on Stone in the Bladder; while those on Prolapse of the Vaginal Walls, on Lacerations at the Vaginal Outlet and through the Sphincter Ani and Perineum, on the Methods of Partial and Complete Removal of the Uterus for Malignant Disease, on the Surgical Treatment of Fibrous Tumors, on Diseases of the Fallopian Tubes, and on Diseases of the Urethra, have received such a radical overhauling as to be essentially new.

More striking than all is the strong ground here taken by Dr. Emmet against intra-uterine medication.

Relative to this point the author calls attention to the mooted question as to whether the so-called mucous lining of the uterus is any thing but an "outgrowth from

the muscular tissue which is constantly renewed," and lays great stress upon the remarkable and close relationship existing between the surface of the uterine canal and the peritoneum. "It is," he says, "irrational to make a caustic application to a surface which can not long exist in a state of disease independent of the tissues beneath, and we can not hope to arrest a discharge until the whole surface has been seared over." After commenting upon the varying degrees of tolerance as presented by different uteri, or the same organ under different conditions, the author says further, "As long as we continue to treat the recognized pathological changes in the uterus as the primary condition, it will seem proper to apply agents directly, or as nearly as possible, to the parts involved. If, however, we appreciate the fact that some inflammatory change in the pelvic tissues, outside of the uterus, is existing, or has existed, in almost every instance of so-called uterine disease in the non-puerperal state, we shall not attempt to treat the effect by agents introduced into the cavity of the uterus without being prepared for recurrent attacks of cellulitis *excited by our mode of practice, and not due to some accidental cause.*"

Since 1879, except for the stoppage of hemorrhage directly due to the condition of the uterine mucous membrane, the author has not in his private hospital made an application above the internal os; before that time he had abandoned the procedure in office practice; and since, under his influence, it has been discontinued in the Woman's Hospital.

In this departure from a popular method of treatment the author is not alone; but it is to be hoped that the influence of his great name, backed by results drawn from perhaps the largest experience of any living gynecologist, will do much to save the uterus from one form of useless and dangerous tinkering and hasten the fulfillment of his prophecy that the time is near when intra-uterine medication will be held by the profession to be a procedure not based upon sound views of pathology.

Transactions of the American Surgical Association. Volume the Second. Edited by J. EWING MEARS, M. D., Recorder of the Association. 8vo, pp. lx and 531. Cloth. Philadelphia: Printed for the Association, and for sale by P. Blakiston, Son & Co. 1885.

This volume of Transactions, which contains the papers read before the Association

at its meeting in the spring of 1884, is elegant in appearance, and in contents worthy of its eminent contributors. While this sentence is a generalization which might, with alteration of dates, be aptly applied to any volume of the American Surgical Association's Transactions, it is easy to show that the book before us presents at least two special attractions for the American physician and surgeon, since it is adorned by an elegant autotype of the late Samuel D. Gross, and contains the full text of his last contribution to science.

The volume is composed of a list of its members, officers, the usual brief account of business proceedings, and twenty-five articles with the discussion called forth by each. Each essay is from the hand of a writer well known to the readers of current medical literature. The greater number of these articles have already appeared in the medical journals, in full or in abstract, while some of them, being scattered in the form of brochure, have been made to do service at the hands of the reviewer.

These facts, so far from lessening the value of the volume to the general reader, are in his favor, since no one could have read any one of these fresh, original, and sometimes brilliant testimonials to the progress of modern surgery without the desire to have them all in permanent form.

The contributors to the volume are S. D. Gross, B. A. Watson, David W. Cheever, P. S. Connor, Christian Fenger, E. W. Lee, Charles B. Nancrede, W. T. Briggs, William A. Byrd, David Prince, C. H. Mastin, W. S. Tremaine, John S. Coleman, J. W. Thompson, James McCann, L. McLane Tiffany, N. Senn, S. W. Gross, G. W. Gray, Moses Gunn, John H. Brinton, Basil Norris, J. Ewing Mears, T. F. Prewitt, E. H. Gregory, John B. Roberts, Donald Maclean.

Lectures on Diseases of the Nervous System, Especially in Women. By S. WEIR MITCHELL, M. D., Member of the National Academy of Sciences; Physician to the Orthopedic Hospital and Infirmary for Diseases of the Nervous System, etc. Second edition, revised and enlarged, with five plates. 12mo, pp. 287. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

The first edition of this work, which was issued in 1881, was received with great favor because of the strikingly original character of its contents. No physician has had better opportunities for the study of obscure nervous affections than Dr. Mitchell,

and his many readers will verify the statement that no observer has made better use of his facilities.

Comment upon the general character of the work is not necessary, but a comparison of the new edition with the old will develop some points of interest.

The first five lectures remain unchanged in title; but give evidence of careful revision, with judicious extension of the original text. The sixth lecture is devoted to tremor alone, chronic spasms, its former companion topic, being treated in the seventh lecture. The author adds to hysterical tremor the consideration of such forms of the affection as are due to organic disease of the spine and the abuse of alcohol. In the eighth, ninth, tenth, eleventh, twelfth, fifteenth, and eighteenth lectures are discussed topics familiar to the readers of the first edition. The thirteenth lecture, Hysterical Joints; the fourteenth, Hysteria and Organic Disease of the Spine; and the sixteenth, the Rectum and Defecation in Hysteria, are new and essential additions to the work. In these, as in the older essays, the author illustrates his subject through the analysis of typical cases which demonstrate the efficacy of his admirable methods of diagnosis and treatment.

The work, though written by a specialist, addresses itself particularly to the needs of the general practitioner, since it deals with a class of affections which are ever under his care.

Speech of Honorable Clifton P. Breckinridge, of Arkansas, in the House of Representatives, Tuesday, February 3, 1885.

Report of Proceedings of the Tennessee State Board of Health, Quarterly Meeting, Nashville, July 7, 1885.

Report of Proceedings of the Illinois State Board of Health, Quarterly Meeting, July 2, and 3, 1885.

A Memoir of Charles Hilton Fagge, M.D., late Physician at Guy's Hospital, Examiner in Medicine in the University of London, etc. Printed for American distribution by P. Blakiston Son & Co., Medical Publishers, Philadelphia.

A Treatise on Asiatic Cholera. Edited and prepared by Edmund Charles Wendt, M.D., Curator and Pathologist of the St. Francis Hospital, Curator and Pathologist of the New York Infant Asylum, etc., in associa-

tion with Drs. John C. Peters, of New York; Ely McClellan, U. S. A.; John B. Hamilton, Surgeon-General, United States Marine Hospital Service; and George M. Sternberg, U. S. A. Illustrated with maps and engravings. 8vo, pp. xiii and 403. Wood's Library of Standard Medical Authors, No. 5. New York: William Wood & Co. 1885.

Poisons: their Effects and Detection. A manual for the use of analytical chemists and experts with an introductory essay on the growth of modern toxicology. By Alexander Wynter Blyth, M. R. C. S., F. C. S., Public Analyst for the County of Devon, and Medical Officer of Health and Public Analyst for St. Marylebone. With tables and illustrations. Vol. 1. 8vo, pp. xxxiii and 333. Wood's Library of Standard Medical Authors, No. 6. New York: William Wood & Co. 1885.

New Remedies.

Conducted by Simon Flexner, Ph. G.

ASEPTOL.—The use of aseptol as a valuable antiseptic, anti-putrid and anti-fermentescient, has again been urged before the French Academy of Sciences. It is stated to be a reliable and efficient antiseptic, more positive than carbolic acid, and, unlike it, devoid of toxic properties. Internally it may be administered in quite large doses without any unpleasant consequences whatever.

DUNDAKIN.—According to Häckel (*Dtsch. Med. Ztg.*), this new drug, called also doundakine is obtained from the bark of *Sarcocephalus esculenta*, a native of Senegambia. It is a bitter resinoid body, soluble in water (?) and in alcohol, having astringent and antipyretic properties, and has been suggested as a substitute for quinine. *New York Medical Journal*.

ALVELOZ.—This is the name of a plant which has been sent by the American consul at Pernambuco to the State Department, with the statement that it belongs to the Euphorbiaceæ, and that several cases of alleged cancer had been cured by its application. Unlike condurango, which was an alleged internal remedy for cancer, alveloz is an external application. Its mode of operation is similar to that of jequirity. A profuse suppuration follows its application to a granular surface. The drug was used in Washington by Dr. Smith Townshend, in

a case of lupus of the nose which was of nearly forty years standing and had resisted all previous treatment. The ulcer was cured within a few days.—*N. York Medical Jour.*

COCAINE.—Dr. Squibb, in his *Ephemeris* for July, gives some very interesting figures bearing on the yield and price of this article. From what he says, it would seem that there are very good reasons for concluding that the supply of coca leaves of good quality in the future will be plentiful, and therefore procurable at reasonable figures. On the basis of a cost of fifty cents per pound for leaves yielding from 26.6 to 38.5 grains of cocaine per pound (equivalent to 30 to 43.36 grains hydrochlorate), he shows that the hydrochlorate can be produced at a cost not exceeding six cents per grain. Leaves yielding the above high percentages are to be had in almost any quantity, and it is, therefore, not probable that a rise in the price of the alkaloid will soon occur. On the other hand, until some cheaper solvents than alcohol or ether have been found suitable, it is almost sure that the market wholesale price of the hydrochlorate will not fall below the present figure, ten cents per grain.

Selections.

ON THE USE OF CONCENTRATED SOLUTIONS OF SALINE CATHARTICS IN DROPSY.—Dr. Mathew Hay, in the *London Lancet*, proposed a novel method for the treatment of certain cases of dropsy, based on the administration of concentrated solutions of saline cathartics.

He there cites a case of cardiac dropsy where the patient seemed to be in the last extremity from suffering and prostration, dyspnea, ascites, and general anasarca. "An abundance of soft râles all over the chest indicated a pronounced edema of the lungs. He had taken every variety of renal and cardiac stimulants, and had been purged repeatedly." Dr. Hay ordered that he should have as little as possible of food and liquids during the night, in order to free the alimentary canal from digestive juices and other fluids and permit the full action of the salt. The next morning three ounces of sulphate of magnesia were administered dissolved in two tablespoonfuls of hot water, no water to be given afterward.

The result was most gratifying. In less than an hour after the purgative had been

given, its cathartic effect was manifested and there were repeated evacuations in the next few hours; on each occasion the water seemed to "gush" from him, and he passed unusually large quantities of urine. There evidently had not been merely a removal of so much fluid from the blood and tissues as was necessary for the usual dilution of the salt within the intestines, but the sharp, sudden withdrawal of fluid from the tissues by the concentrated blood had initiated a movement of the fluid into the latter, which had continued for some hours after the direct action of the salt and the blood had ceased, and until the tissues were in great part rid of their superfluous liquid. The improvement was, in fact, most marked, and continued under an occasional repetition of the concentrated saline solution. The conditions of the treatment, then, are previous abstinence from food and drinks and the administration of the salt (which should preferably be Epsom, on account of its great solubility) in a large dose in the smallest possible quantity of water.

Dr. W. G. Eggleston has reported, in the *Journal of the American Medical Association*, the details of a case occurring in his own practice where the method of Dr. Hay was carried out with equally good results. The patient was suffering from a large pleuritic effusion, with prostration and gradually increasing dyspnea. Tapping was indicated and advised, but declined by the patient. He was then ordered to abstain from water and liquid food and to take, the next morning, sulphate of magnesia, three ounces in less than a one half tumblerful of water. The salt operated in less than an hour, and during the day there were eight large watery evacuations. As the patient expressed it, the water literally poured from him. There was a marked decrease in the effusion. Another dose of the salt, three ounces, was ordered to be taken the next morning, and when seen the day following the fluid was still further diminished; this effect was now followed up by twenty drops of fluid extract of jaborandi, which produced copious perspiration. In three days more the fluid had almost entirely disappeared from the chest, the lung had resumed its functions, and there was no dyspnea. When last seen, several months after, there had been no return of the fluid. This new method of giving saline cathartics in dropsies merits further trials by the profession.—*Boston Medical and Surgical Journal.*

CASE OF PARALYSIS DEPENDING UPON IDEA.—John Riley, aged sixteen, was sent to me March 25th last, complaining of complete paralysis of the left leg, from which he had suffered for two years.

The patient is a bright, intelligent boy, and according to his mother is emotional, good tempered, and unselfish, well-behaved. The mother tells me that all the family are "nervous," but I can obtain no history of organic disease. The boy was most particular in relating his case to me, and evidently took notice of the slightest ache or twitch. He attributed the paralysis to an accident two and a half years ago, when he was hit on the inner side of the left ankle by a cricket ball. The joint did not swell, and he was able to walk about after the injury. Two or three weeks after this he knocked his left knee against a chair very slightly; he had pains in the left calf immediately after this injury, and tucking of the left leg, which he says was straightened by a medical man under ether, but which returned with the return of consciousness. He was able to walk about after this second injury, but when the tucking of the leg came on, took to his bed, and one night he found that he had lost all use in the leg; the leg becoming completely flaccid, while previously it was stiff and tucked. He never lost control over the urine or feces. There was no loss of feeling in the leg, but some pain. The paralysis has continued unchanged up to the present time. He used to see objects green, and at times double. He had never had any previous illness, but was always a nervous and apprehensive boy. Had never had fits or or suffered from headache. On examination, the left lower extremity was found to be completely paralyzed and flaccid, he could not even move the toes, and there was absolutely no movement at any joint in the limb. The left foot was a little bluish, but only very slightly colder than the right, the rest of the leg was just as warm as the right. The limb was evidently wasted, but there was no local atrophy.

The circumference of the right leg two inches below the tubercle of the tibia was thirteen inches, of the left, eleven and a half. The circumference of center of calf on right side, twelve inches; left, eleven and a quarter inches. Circumference of thigh six inches above patella on right side, fifteen and a half inches; left, thirteen and a half inches. The plantar reflexes were absent on both sides; there was no ankle

clonus; the knee jerk was rather excessive on both sides; there was no front tap contraction; the cremasteric reflexes were well-marked; there was a general slight increase in the reflexes, except that the plantar were absent; sensation in the paralyzed limb was perfect; there were no traces of bed-sore or any trophic mischief; no spinal tenderness or deformity; no cerebral symptoms; no twitchings of the muscles of the face could be observed; he had acne on the face, and was evidently anemic, there being pallor of the mucous membranes, and soft systolic bruits at the base and apex of the heart, he never having had rheumatism; he suffered also from constipation.

On testing the nerves, motor joints, and muscles of the left limb with a powerful faradic current, the muscles responded well, only very slightly less than those of the sound side; great pain being caused by the current. With weaker currents contractions were obtained, only slightly less in intensity than those in the sound side.

After informing him that I should continue giving him the battery till he could move his toes and raise his heel from the ground sufficiently to enable me to pass my fingers under it, he quickly moved them and wriggled his foot till he got his heel on my fingers. Another fact observed greatly aided me in the diagnosis. I made him support himself entirely on his crutches, letting his legs hang freely; I then pushed the right leg backward away from the vertical position, making a considerable deflection backward; the left leg went back with the right, and did not remain hanging perpendicularly as it would have done, had it been paralyzed from organic disease.

It will be seen that there were absolutely no signs of organic disease except the wasting of the muscles; but this was slight and general, and easily explained by the long duration of the paralysis (over two years). I was forced then to conclude that the paralysis was functional. But the boy was not of the "hysterical type." He had no hysterical symptoms, and no variation in the paralysis had occurred; but was vivacious, good tempered, unselfish, anxious, and intelligent, always nervous and apprehensive. He was evidently of the "neurotic" class of individuals, the distinction between the two classes having been so well pointed out lately by Dr. Clifford Allbutt.

Dr. Russell Reynolds has described a form of paralysis depending upon imagination, where there is no malingering, but

the patients are thoroughly convinced that they are suffering from paralysis. This, I believe, is the explanation of the above case. The absence of signs of organic disease, the temperament and mental state of the boy, show it to be a case of ideal paralysis.

Slight paralysis and atrophy of extensor muscles occur in chronic joint diseases, due to changes set up in the cord by the local irritation. In these cases the extensor muscles chiefly suffer, and complete paralysis is rare. Charcot reports a case of a young man who had received an injury to his knee, which was followed by marked paralysis of the extensors of the leg on the thigh. These cases form one variety of reflex paralysis. Is this monoplegia of the nature of a reflex paralysis, or is it ideal? The slightness of the injury, which was never followed by any evident joint mischief, the absence of any local atrophy, and the completeness of the paralysis show that it was not due to joint mischief.

After making the diagnosis of ideal paralysis, I informed the boy's mother that there was no organic disease, and that the paralysis would get better very soon. The boy was also told that the leg would get all right, and that he was to use it as much as possible. After one application of a powerful faradic current, he was able to flex the toes and move the ankle. He attended daily to be faradized, and in a week was ordered to leave off the use of crutches and to use a stick. In a few days the stick was also dispensed with. On April 10th (about a fortnight after I first saw him) he walked to the Queen's Hospital without any support, a distance of about two miles. At the present time he limps slightly with the left leg; this is due partly to the wasting, but chiefly to the disuse for the last two years, the various movements of the extremity having to be re-acquired. Ultimately the leg will completely recover.—*C. W. Suckling, M. D., in Birmingham Medical Review.*

INFECTIOUS DISEASES AMONG THE RICH AND POOR.—The second point studied was the relation existing between epidemic infectious diseases and the pecuniary status of the different grades of the community. Upon this point Koroski finds that poverty does not exercise a uniform influence upon the occurrence of these diseases; indeed, viewing them as a whole, the well-endowed, excepting the very richest, are more seriously afflicted than the poor.

Viewing the infectious diseases separately, Koroski finds that cholera, smallpox, measles, and typhus are more prevalent among the poor, while diphtheria, croup, whooping-cough, and scarlet fever are more prevalent among the rich. Consumption and pneumonia claim the poor, and brain-troubles attack the rich.

He found that the intensity of the infectious disease was notably increased in the crowded tenements. This increase amounted to 3.64 per cent for measles in houses inhabited by more than five persons per room. Whooping-cough is likewise greatly intensified by crowding. On the other hand, it does not appear that scarlet fever and diphtheria are similarly favored by the increased number of people in the house. These are rather surprising conclusions, and may find their explanation when we discover the manner in which these various diseases are transmitted from person to person.—*Science (Sanitary Number).*

IN 1876 the number of medical students matriculated in Paris was 1,924; in 1883-4 the number was 5,386.

THE bromide of camphor is highly spoken of in the treatment of chorea in children. It is best given in capsules.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from Aug. 2, 1885, to Aug 7, 1885:

Surgeon J. M. Brown, Assistant Surgeons *Clarence Ewan*, *A. W. Taylor*, ordered to rejoin their proper stations in Department Platte; Assistant Surgeons *G. L. Edie* and *C. S. Black*, ordered to rejoin their proper stations in Department Texas. (G. O. No. 7, Division Missouri, August 1, 1885.) *Captain J. L. Powell*, Assistant Surgeon, assigned to temporary duty at Fort Leavenworth, Kansas. (S. O. 110, Department Missouri, July 30, 1885.) *First Lieutenant Wm. D. Dietz*, Assistant Surgeon, ordered from Fort Selden to Fort Stanton, N. M. (S. O. 111, Department Missouri, July 31, 1885.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended August 1, 1885:

Fessenden, C. S. D., Surgeon, leave extended ten days on account of sickness. July 27, 1885. *Godfrey, John*, Surgeon, granted leave of absence for thirty days. July 29, 1885. *Irwin, Fairfax*, Passed Assistant Surgeon, to proceed to Richmond Va., and Wilmington, N. C., as inspector. July 28, 1885. *Ames, R. P. M.*, Passed Assistant Surgeon, granted leave of absence for thirty days. July 27, 1885.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, AUGUST 22, 1885.

Original.

IS THERE A CURE FOR HAY-FEVER?*

BY W. CHEATHAM, M. D.

Lecturer on Diseases of Eye, Ear, and Throat, University of Louisville; Eye, Ear, and Throat Physician to Masonic Widows and Orphans' Home, etc.

According to the statistics of Roe, Daly, Sajous, Mackenzie, and others, this question can be answered in the affirmative for eighty per cent of the sufferers. In this paper I shall present a method of local treatment but recently proposed for the relief of this affection, not failing, however, to recognize the extreme importance of general medication, and by doing this to acknowledge that the cause of hay-fever is not purely local. Here I wish simply to discuss the part played by the tissues of the nose in its causation, and the relief to be had from the proper management of this factor, with the best means of accomplishing the desired end.

I do not think it well to refer to the many names by which this affection has been and is known, nor to discuss the many extant theories of its causation.

In 1882, Daly attributed the attacks "to local chronic disease, upon which the exciting cause acts with effect." In 1883, Roe advocated the same theory, and stated "that hyperesthesia is associated with, or occasioned by a diseased condition, either latent or active, of the naso-pharyngeal mucous membrane," and "that the removal of the diseased tissue in the nasal passages removes the susceptibility of the individual to future attacks of hay-fever." Later, in 1883, Sajous said that "hay-fever was due to an idiosyncrasy, on the part of certain individuals, to become affected by certain emanations," that "organic alteration of the sur-

face of the nasal mucous membrane altered its sensibility and destroyed what morbid irritability might have attended the nervous filaments distributed over it," and furthermore that "hypertrophies of the nasal membrane increased its irritability and the intensity of the symptoms." Sajous says "there are three conditions which are essential factors in the production of an access of hay-fever." First, "an *external irritant*;" second, "a predisposition on the part of the system to become influenced by this irritant;" and third, "a vulnerable or sensitive area, through which the system becomes influenced by the irritant." We all recognize that certain substances, such as ipecac, pollen, etc., with certain individuals bring on directly all the symptoms of hay-fever. Bluchley has, by applying to a sensitive mucous membrane less than $\frac{1}{200}$ of a grain of an exciting substance, produced all the symptoms of hay-fever. Again, he demonstrated that the attack could be modified, and in some cases prevented, by purifying the inhaled air. These facts, with the periodicity of the accesses, would seem to prove that some local irritant must play an important part in the etiology of the affection.

Dust is considered the most common cause. Of what does dust consist? Of pulverized minerals, and horse manure, of pollen grains and microscopic fungi; in short, it represents almost every substance which is to be found in any particular locality. When one speaks of the dust of our roads and streets as a cause of this disease, he includes nearly all causes, for dust is surely a very compound substance. This dust may not have originated in the locality in which the patient experienced the access. It may have been imported in clothing and rags, or blown into the patient's habitat by the high winds. In certain localities, far famed as places which offer immunity to hay-fever sufferers, an attack recurs with many, if the winds blow from certain unusual quarters.

*Read before the Louisville Medico-Chirurgical Society, August 7, 1885.

Wyman, while at one of these resorts, experienced an access upon the opening in his presence of a bundle of rag-weed. The predisposition to asthma and hay-fever we know is often inherited. Sajous' second essential factor enters here. Sajous thinks, and rightly, too, that whooping-cough, which is an almost or wholly neurotic affection, is a predisposing cause, and that people who have had it are, in consequence, more susceptible to hay-fever. Of forty cases of hay-fever seen by this observer, all had had whooping-cough.

In commenting upon this neurotic element as an essential part of the affection, Sajous gives special attention to the origin of the premonitory symptoms, in a number of cases. Before referring to these, I wish to note here the distribution of nerves in the nose, and the connection of this organ with the general nerve system. Meckel's, or the sphenopalatine ganglion, is the center of distribution for the nasal nerves.

According to Gray, this ganglion has a motor root, the large petrosal of the facial, which joins the vidian nerve, a sympathetic root from the carotid plexus, through the vidian nerve, and a sensory root from the fifth nerve. The branches of this ganglion Gray divides into ascending, descending, internal, and posterior. The ascending branches go to the optic nerve, the sixth nerve, and the ophthalmic ganglion. The ophthalmic ganglion gives off the short ciliary nerves which supply the ciliary muscle and iris.

The internal branches supply the mucous membrane covering the superior and middle turbinated bones, that lining posterior ethmoidal cells and the upper and back part of septum, the mucous membrane behind incisor teeth, and some branches to the septum. The posterior branches are the vidian and the pterygo-palatine which supply the lining membrane on the back part of the roof of the nose and septum, the end of the eustachian tube, and the pharynx behind the eustachian tube.

Again, the nasal branch of the ophthalmic supplies the mucous membrane covering the forepart of the septum of the nose, the forepart of the outer wall of the nares as far as the inferior spongy bone, and joins the facial nerve. It gives off a ganglionic branch which enters the ciliary or ophthalmic ganglion, also the long ciliary nerves, which pass on to the ciliary body and iris, with the infra-trochlear branch which supplies the integument of the side

of the nose, the conjunctiva, lachrymal sac, and caruncula lachrymalis. So it will be observed that the nerve-supply of the nose is connected with the whole of the cephalic portion of the sympathetic, which is composed of the ophthalmic, Meckel's, otic, and sub-maxillary ganglia, and through the vidian with the carotid plexus. It is also connected with the eighth pair through the carotid plexus, the eighth pair having three branches, namely, the glosso-pharyngeal, the pneumogastric, and the spinal accessory.

From this account it will be seen that the nerve connection between the lining of the nasal cavity and the general nerve system is as intimate as that of any other organ of the body; and if this be true, then why may we not have a train of reflex symptoms from diseases of this mucous lining analogous to those resulting from diseases of the uterus, glans penis, and stomach?

Now, as to the premonitory symptoms. Among the forty cases described by Sajous, one complains of a "tickling in the roof of his mouth a week before the access, another has dull pains in head and back two weeks before the onset, another has chills and shuddering, many complain of an itching of the lids and nose. One of my patients suffers from a feeling of general weakness and headache two or three weeks before the access, another of a laryngeal cough, and another of photophobia.

It is true that we have many thoroughly neurotic people who are not hay-fever sufferers, and again many cases of hypertrophy of the nasal mucous membrane which are entirely free of it, and these facts would seem to upset our theory of hay-fever and its causes. However, by referring to the three essential factors in its production, all doubters should, I think, be satisfied. One may have the neurotic elements and not the vulnerable or sensitive area, and *vice versa*. As Sajous says, "both systemic and local elements must exist simultaneously to render a paroxysm possible."

Now, as to the last of the three essential factors, "a vulnerable or sensitive area through which the system becomes influenced by the irritant."

One of the best proofs of the existence of these sensitive areas is the relief or cure of such a great number of cases by their discovery and destruction, the fact that hay-fever up to the discovery of these sensitive areas was incurable, and that now the disease is regarded as one of the most man-

ageable of the chronic affections of the nose. What other proof should be required?

But, again, all the symptoms of a hay-fever can be produced by gentle pressure with a probe on these sensitive areas. In one of my patients I can at will produce asthma by irritating the membrane lying over the posterior end of the turbinated bone. In another I am able to bring on all the head symptoms by irritating the central sensitive area. I have now under treatment a patient from Nashville, Tenn., who has asthma whenever a nasal polypus, from which she has suffered for five years, gets large enough to press on the posterior sensitive area, the symptoms disappearing when the pressure is removed.

As to the location of the tender spots: The anterior area is found on the anterior portion of the nasal septum and anterior portion of external wall of the nose, in front of the inferior turbinated bone. The central area is near the center of the inferior turbinated bone, where the nasal branches of the sphenopalatine ganglion join those of the ophthalmic. The posterior area is at the posterior end of the turbinated bone. Each of these areas have corresponding sensitive areas just opposite, in the septum.*

I have a patient under my care at this time who illustrates the effect of nasal hypertrophy upon the general condition. He is neurasthenic, and often suffers from a sense of general weakness and soreness of all the muscles of the body. When suffering in this way, he applied to me for the relief of a nasal obstruction which compelled him to sleep with his mouth open, with its usual train of bad effects, dry mouth, etc. He was extremely low spirited, and with the symptoms given was about as miserable as a person is ever wont to be. I saw that he had nasal hypertrophy, and made use of muriate of cocaine for the purpose of shrinking it; this enabled him to sleep with his mouth closed. By means of an eye dropper I threw into each side of the nose four drops of the four-per-cent solution, with this effect, it gave him perfectly free nasal breathing, such as he had not had for years. In a short time he was relieved of all his muscular soreness, and with it of all nervous depression, but the drug made him extremely wakeful. This is the effect he always gets from the use of the cocaine, unless it be applied too fre-

quently, when it fails to shrink the hypertrophy.

Many cases have been reported as relieved of hay fever by the destruction of the sensitive areas. The figure of success is at least 80 per cent of all cases treated.

As to the treatment: There are several means of destroying these areas. When the hypertrophy is very great, if possible, it should be snared off. They may also be destroyed by application of acids, such as chromic, glacial-acetic, and nitric; preference so far, however, appears to be given to the galvano-cautery. The latter is better because its action can be confined to the implicated space; yet it is very objectionable, for the reason that it is difficult to get a good battery, and that even the best are hard to manage; and again, if the exact amount of heat is not produced (cherry-red is the desideratum), either no effect or a bad effect will result. I give preference to chromic acid. It is easily applied, is painless when cocaine is used, and by means of an alkaline wash the extent of its action may be reduced to a minimum. I would here suggest the employment of a paste composed of cocaine and chromic acid. I have not tried this combination, but intend soon to do so. From five to twenty-five applications are necessary, and there should be an interval of from three to five days between the applications.

The time for treatment: Treatment should be commenced preferably from five to eight weeks before the time of the access, although it may be and often is begun after the onset and continued through the period of the attack. I forgot to mention that the posterior sensitive area is the seat of the cause of the asthmatic symptoms, the anterior of that of the head symptoms, and the middle of both, and that the asthmatic symptoms are often not reflex, but a result of the extension of the catarrhal inflammation to the bronchi.

Again, in the management of these cases, some few may be relieved by curing an existing nasal catarrh.

Sajous concludes as follows:

1. That as a result of heredity, or of diseases implicating markedly the nervous system, its nerve centers become abnormally sensitive, and are, therefore, inordinately influenced by the external elements to which they are naturally susceptible.

2. That, as a result of local disease, the portions of the nasal mucous membrane

*I would suggest here the possibility of a fourth sensitive area on the conjunctival surface.

over which the branches of the sphenopalatine ganglion and those of the nasal branches of the ophthalmic nerves are distributed become hyperesthetic and capable of acting as media for the transmission of impressions made upon their surface to the nerve centers.

3. That, when these two conditions co-exist and when external elements to which the nerve centers are inordinately sensitive are present in the atmosphere, a paroxysm termed "hay-fever" is excited.

4. That the paroxysm can not take place unless the inordinate susceptibility of the nerve centers, the intra-nasal hyperesthesia, and the external irritating cause are present simultaneously.

5. That since one of the necessary elements, the external irritating cause, is present only at a certain time of each year, the paroxysm can occur only at that time.

6. That, as a consequence of the above, the absence of one of the three elements necessary to the production of a paroxysm will prevent its occurrence.

7. That by cauterizing by means of the galvano-cautery or acids the hyperesthetic portions of the membrane, their hyperesthesia can be permanently annulled.

8. That the medium between the external irritating cause and the systemic dyscrasia being thus obliterated, the periodical paroxysm termed "hay-fever" becomes impossible.

9. That there are in the nose three hyperesthetic areas, for which the terms posterior, middle and anterior areas are proposed, and which are individually or conjointly the principal seats of the hyperesthesia in hay-fever subjects.

10. That the posterior area is principally implicated when reflex asthma is the most prominent symptom of the affection.

11. That the anterior area is principally implicated when head symptoms are alone present.

12. That when head symptoms and reflex asthma are present, both anterior and posterior areas are implicated.

13. That the middle area may alone be the starting point of all the symptoms combined.

14. That catarrhal asthma has no relation with nasal hyperesthesia, being merely a result of the local inflammation occurring during a paroxysm.

In reference to treatment he suggests the following:

1. That all abnormal conditions of the nasal cavities, such as marked hypertro-

phies, polypi, exostosis, etc., must be eradicated before the superficial cauterization.

2. That the latter are productive of the best results when begun six weeks at least before the onset of the paroxysm.

3. That the treatment can be instituted during a paroxysm, the latter being arrested in some and beneficially modified in others.

4. That the immunity against "hay-fever" depends upon the thoroughness with which the treatment is conducted.

LOUISVILLE, KY.

PRIMARY LATERAL SPINAL SCLEROSIS.*

BY J. B. MARVIN, M. D.

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The disease designated by different authors as primary lateral spinal sclerosis, spastic spinal paralysis, spasmodic tabes dorsalis, is rare, and only recently has been recognized as a distinct affection, principally through the writings of Erb, 1875, and Charcot, 1876. Seguin, of New York, in 1873 recorded five cases of what he termed tetanoid paraplegia, and to him belongs the credit of priority in describing the symptom group. The disease comes on very gradually, is protopathic in origin, is associated with systematic, symmetrical sclerosis of the lateral columns of the cord in the crossed pyramidal tract; the sclerosis is not a secondary degeneration due to a lesion higher up in the cord or the brain. The disease is an affection of adult life, generally appearing between the ages of twenty and fifty years. According to most writers, males are more liable to the disease than females. In forty-nine cases cited by Althaus, there were twenty-four males and twenty-five females. The real cause of the disease is unknown; the neurotic temperament is marked in many cases; external injury, rarely syphilis, scarlet fever, typhoid fever, and other acute diseases may be followed by it. Brunelli, of Rome (International Medical Congress, 1881), reported eleven cases occurring near Rome, caused by eating *Lathyrus cicera*. The disease is attended by loss of power in the extremities, with muscular rigidity, spasmodic twitchings and tremor, and an increase in the tendon reflexes. The muscles are well nourished, and there are no disorders of sensation.

* Read before the Kentucky State Medical Society, June 26, 1885.

The positive symptoms, *i. e.*, muscular contraction and increased reflexes, and the negative symptoms, *i. e.*, no sensory, vesical, or rectal troubles, show unmistakably that the lesion is located in the crossed pyramidal tract. The symptoms are striking, yet the disease seems so far to have eluded the grasp of the pathologist. Ross, Bastian, and others, attribute to Drs. Dreschfield and Morgan, of Manchester, England, the honor of being the first to have proved by dissection the connection of the symptoms of the disease with sclerosis of the lateral columns in a primary and uncomplicated case of the disease.

The account given by Dr. Dreschfield (Transactions of the International Medical Congress, London, 1881) states that the giant cells of the anterior cornuæ were diseased. Althaus, in his recent work on Sclerosis of the Spinal Cord, claims that this case was of the amyotrophic variety. The only case which he accepts as of undoubted and uncomplicated primary lateral sclerosis is the one recently recorded by Minkowsky,* occurring at the University Hospital of Königsberg, under the care of Professor Naunyn. The patient was a woman, aged nineteen years, suffering with secondary syphilis. Fourteen months after admission the patient died. Microscopical examination of sections of the cord showed sclerosis of the postero-lateral columns, corresponding to the crossed pyramidal and direct cerebellar column. The gray matter of the anterior cornua was perfectly normal. Primary lateral sclerosis is a very rare disease, and there is danger of confounding it with the comparatively common condition of secondary descending degeneration, which may produce the same motor symptoms. A diagnosis of primary lateral sclerosis is only justified when the history shows a very slow and chronic onset, and there is no lesion present which could give rise to secondary degeneration. Special attention should be given to the condition of sensibility and to the state of the vertebral column. The disease is especially liable to be confounded with transverse myelitis. Cases of transverse myelitis of the dorsal region, in which the sensory disorders which were present at first have disappeared, while the motor phenomena have remained, are extremely liable to be confounded with primary lateral sclerosis. In the latter disease there are no sensory disorders. Motor

rigidity and weakness are developed together; rigidity is more marked than paralysis, and there is no muscular atrophy at the upper level of the paralysis. Hughes Bennett has recently drawn attention to the fact that young women may have all the symptoms of primary lateral sclerosis, and he laments that there is not a single point by means of which a diagnosis can be made.

Though it is generally easy to distinguish the functional from the organic lesion, yet the fact remains that in some cases competent observers have been able to differentiate sclerosis and pseudo-sclerosis only on the post-mortem table. Charcot claims that the lesion in primary sclerosis is wedge-shaped, and extends exteriorly to the pia mater and interiorly as far as the posterior cornua. This peculiarity in the localization of the disease, he claims, distinguishes it from secondary lateral sclerosis consequent on cerebral injuries; the lesion in this case being rounded, and not extending exteriorly as far as the pia mater, and also from sclerosis following myelitis, etc., when a small layer of healthy white matter remains between the posterior cornua and the sclerosed tissue.

The disease is probably the most chronic of any spinal trouble; it may extend over a period of many years; uncomplicated cases do not tend to shorten life. The disease is liable to extend into the anterior cornua, or the postero-external columns, wasting, bedsores, cystitis, etc., supervening; death being due to exhaustion or some intercurrent complication. Cases of recovery are recorded; I am skeptic enough to doubt the correctness of the diagnosis. In the line of treatment but little is to be expected; arsenic, bromides, nitrate of silver, anti-syphilitics, galvanism, and water-cure, have each their advocates.

The following brief notes will give you a good clinical picture of the disease. I gave the case the severest scrutiny and feel justified in my diagnosis:

In June, 1883, Mr. B., of Tennessee, consulted me on account of a peculiar stiffness of his legs and great difficulty in walking. Mr. B. was twenty-seven years of age, unmarried, and of rather slight stature, though compactly and well built. He gave a good family history on both sides. As a child he was always healthy and active, he was reared in the country; when old enough he had plowed and performed the usual farm work. He had never been sick prior to the onset of his present trouble.

* Deutsches Archiv fur Klin. Med., vol. xxxiv, page 433. 1884.

In the spring of 1874 he first noticed a tired, heavy sensation in his legs. He attached no importance to these symptoms, as he thought they were due to hard work. Shortly his feet began to drag, his legs feeling very stiff and heavy, his toes turn in and he easily stumbles, his knees knock together, and his legs tremble violently when he attempts to walk. He kept his bed for some time, hoping in vain for improvement. He could walk only by the aid of a cane. His general health was good. Mr. B. now left his farm and went to Nashville, where he was closely confined for several years as a book-keeper.

Present condition: on examination I fail to get any history of syphilis, or injury to head or back. The muscles of the legs and back are well developed; there is no atrophy; no change in the electrical reaction of the muscles; he has a marked spastic gait, the posterior leg muscles are very rigid, his heels are drawn up, and in walking his toes drag and appear to stick to the floor, his knees lock and strike together, his body sways; back strongly arched and chest thrown forward. He can cross his legs only with the greatest difficulty. When he is tired or excited, or standing in an awkward posture, his legs tremble violently. When sitting, if he presses his toes on the floor, violent reflex trembling is excited in the legs; ankle and knee clonus are well marked, superficial reflexes not as well marked as the deep. He has never had any symptoms referable to the bladder or rectum. He has never had any head symptoms. He does not complain of pain anywhere, but on close questioning he acknowledges that when he has walked much or overexerted himself, he has a dull, aching sensation in the lower dorsal region and in the calves of his legs. There are no tender spots, and no evidence of any thing abnormal about the spinal column.

In the discussion following the report of this case to the Louisville Medico-surgical Society, Prof. J. W. Holland stated that several years ago he had seen a patient with Prof. W. O. Roberts, whom he thought presented all the features of primary lateral sclerosis, and he had so diagnosed it. Prof. Roberts stated that the patient, a woman, aged nineteen years, had been confined to her bed for several months; recently bedsores and cystitis had developed. The patient dying within a few weeks, Prof. Roberts kindly notified Prof. Holland and myself that we might make an

autopsy. On account of difficulties interposed by friends of the deceased, the brain and cervical portion of the cord were not examined; the dorsal and lumbar portions of the cord only were carefully removed.

The cord externally presented nothing abnormal. It was suspended in Muller's fluid for several days, and then, with a freezing microtome, I made a large number of very thin sections. These sections to the naked eye revealed a dull, grayish, waxy patch in the lateral columns. Sections were stained in carmine, picro-carmine, aniline blue, and osmic acid. Carmine and picro-carmine gave the best results. The sections I pass around show beautifully the deeply-stained diseased patches in the lateral columns, extending from the posterior cornua to the periphery. Sections from the dorsal regions, examined under the microscope, reveal no disease of the gray matter; the ganglionic cells are numerous, well-formed, and present no evidence of granular or other degeneration. The disease is limited to the lateral columns proper. The nerve-tubes are almost entirely destroyed, the neuroglia greatly overgrown, numerous spider cells, and in some sections oil globules and amyloid bodies are seen. At the lumbar enlargement the sclerosed patch in the lateral columns is not so extensive. A slight patch of sclerosis is seen in the postero-external columns. The ganglionic cells are apparently healthy. The question arises, is this a case of primary sclerosis? The existence of bedsores and cystitis point to an extension of the disease to the gray matter. Other than a slight patch of sclerosed tissue in the postero-external columns in the lumbar region, I am unable to detect any disease in the gray matter.*

There is one flaw in the case, viz., not examining the brain and cervical cord; but from the history of the case, and the microscopic appearances of the sections from the dorsal and lumbar cord, the lesion being symmetrical, and presenting all the features as laid down by Charcot and Bouchard, as distinguishing primary from secondary degeneration, I am inclined to adhere to Professor Holland's original diagnosis, and class this among the few cases of primary lateral sclerosis in which a post-mortem examination has demonstrated the connection between the lesion and the symptoms.

LOUISVILLE.

*A number of sections were shown under the microscope, and micro-photographs projected on the screen with magic lanterns

Miscellany.

THE IMPORTATION OF CHOLERA.—Those familiar with the history of cholera among the Mohammedan pilgrims are aware that since the abolition of caravans, and the transportation of pilgrims by steamers, very much fewer cases of cholera occur at Mecca and along the land-route from Dejeddah. It is because all are kept, so to speak, in a certain lane, where they are under constant observation; their food and hygienic surroundings are more carefully regulated, and cases occurring can be promptly treated and guarded. The same is true of steamers bringing emigrants to this country. With competent medical officers, isolated hospitals, absolute cleanliness of attendants, and prompt disinfection of discharges, the disease should be limited to those who had contracted it before coming on board, and be virtually suppressed by the time of their arrival at any one of our seaports.—*Dr. S. Oakley Vanderpoel, in Science (Sanitary number.)*

THE Detroit Lancet says that Dr. J. S. Billings is a wonderful man. He is a surgeon of the U. S. A., edits the Index Medicus, prepares the volume of the index catalogue of the library of the Surgeon-General of the U. S. A., lectures at the Johns Hopkins University, fills the chair of hygiene at the Columbia College, New York, and lately has been elected to the chair of sanitary engineering in the same institution. To those who take this course, which is to continue four years, the college will grant the degree of Sanitary Engineer.

OLIVE OIL AS A MENSTRUUM FOR COCAINE. Dr. Andrews, of New York, at the recent meeting of the American Ophthalmological Society, said that the plan of dissolving cocaine in oil seemed to insure longer contact of the remedy, and that a smaller quantity was required. But as the cocaine salts were not soluble in olive oil, the alkaloid was preferable, only requiring a few minutes of gentle heating in a water-bath to dissolve it.

BLUE-LICK WATER IN SKIN DISEASES.—Dr. J. J. Thomas reports, in the Medical and Surgical Reporter, a severe and obstinate case of lichen ruber cured by a course of Blue-lick water, after other forms of medication had failed.

THE BRITISH MEDICAL ASSOCIATION AND HOMEOPATHY.—From the report of the Council of the British Medical Association we learn that the Association has had under consideration the admission of homeopaths. The report is unfavorable to their admission, but is opposed to the expulsion of those who have already been admitted to their ranks.

SPONGES AS MUSTARD POULTICE VEHICLES.—Dr. Richardson, in the Asclepiad, suggests that a sponge be used as the carrier of mustard for poultices. The sponge is saturated with the mustard paste and covered with a cloth. When it becomes dry it can be moistened, warmed, and re-applied.

THE COCAINE HABIT.—Dr. Love reports, in the St. Louis Medical Journal, a case of the opium habit cured by the use of cocaine; but found that when the cure was about complete the cocaine habit had been formed, which was as troublesome and as obstinate as the original disease.

JOURNALISTIC CHANGE.—The Medical Chronicle of Baltimore has become consolidated with the Philadelphia Medical Times, and in the future the able editor of this valuable journal will have the co-operation of Dr. Rohé in its editorial management.

DR. L. M. BINGHAM, of Burlington, Vt., has been recently appointed Professor of General Surgery in the medical department of the University of Vermont, as the successor of the late Dr. J. L. Little.

DR. J. S. DELAVAN, of Albany, a member of the New York State Board of Health, was drowned in Tupper's Lake, in the Adirondacks, on August 7th.

THE mixture of equal parts of camphor and animal charcoal is recommended as an application to offensive and painful eschars and ulcers.

THE number of resignations from among the officers of the proposed International Medical Congress now numbers one hundred and twenty.

PROF. MILNE-EDWARDS died in Paris, on July 29th, in the eighty-fifth year of his age.

ALBUMINATE of tannin is highly spoken of in the diarrhea of infants.

THE INFLUENCE OF PILOCARPINE AND ATROPINE ON THE SECRETION OF SWEAT.—The Paris correspondent of the British Medical Journal says that M. Judice, in a communication on the influence of pilocarpine and atropine on perspiration, made before the Biological Society, stated that if a dog's spinal cord be cut between the eighth and ninth dorsal vertebræ, its paws become the seat of intense perspiration. This appears to prove that there is a spinal nerve center which regulates the secretion of sweat. After dividing the sciatic nerve, if the peripheral end be stimulated, the corresponding paw perspires profusely. The sciatic nerve is simply a transmitting agent; it establishes communication between the medullary and the peripheral nerve centers. If, instead of stimulating the peripheral end of the sciatic, the nerves be left intact, and pilocarpine be administered to the animal, the perspiration is equally intense. If the nerve be cut and pilocarpine administered, the perspiration is normal. It may, therefore, be concluded that pilocarpine does not act on the glandular elements, but on the nervous system. Atropine produces the opposite effect to that provoked by pilocarpine.

SYRUP OF HYDRIODIC ACID IN ACUTE RHEUMATISM.—Dr. James Craig (New York Medical Journal) speaks highly of the syrup of hydriodic acid in the treatment of acute inflammatory rheumatism. It shortens the duration of the disease, relieves the pain, reduces the temperature, and leaves the patient without heart complications. The dose generally given is two to three teaspoonfuls in a wine-glass of water, every two hours, according to the indications. He claims that it also acts well in subacute rheumatism, but has no effect in the chronic form of the disease. Numerous cases are added showing its efficacy.

MR. J. GREIG SMITH (British Medical Journal) submits the following rules for guidance in operating for acute intestinal obstruction:

1. Make the incision in the middle line below the umbilicus.
2. Fix upon the most dilated or the most congested part of the bowel that lies near the surface, and follow it with the fingers as a guide to the seat of obstruction.
3. If this fail, insert the hand, and carry it successively to the cecum, the umbilicus, and the promontory of the sacrum.

4. If this again fail, draw the intestine out of the wound, carefully cover it until increase of distension or congestion, or both, in one of the coils gives an indication that the stricture lies near.

5. If there be considerable distension of the intestines, evacuate their contents by incision, and suture the wound. Never consider an operation for intestinal obstruction inside the abdomen finished, until the bowels are relieved from overdistension.

6. Be expeditious, for such cases suffer seriously from shock. The whole operation ought to be concluded in half an hour.

THE Medical Record says, "The last census reports show that the men and women of Kentucky are the tallest in the world, owing, we doubt not, to their good doctors and the Blue-grass whisky; which reminds us of the observation of an acute physiologist, who says that man is composed of one part solids and two parts water, unless he is born in Kentucky."

EX-SURGEON-GENERAL P. S. WALES has been found guilty of neglect of duty by a naval court-martial, and sentenced to suspension from rank and duty for five years.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from Aug. 8, 1885, to Aug 15, 1885:

Colonel John Campbell, Surgeon, granted leave of absence for one month. *First Lieutenant Francis J. Ives*, Assistant Surgeon (recently appointed), ordered for duty in Department Platte. (S. O. 184, A. G. O., August 13, 1885.) *Captain Thomas F. Aspell*, Assistant Surgeon, retired from active service August 10, 1885. (S. O. 181, A. G. O., August 10, 1885.) *First Lieutenant A. R. Chapin*, Assistant Surgeon, granted one month's leave, to take effect when services can be spared by Commanding General Department Missouri, with permission to apply for one month's extension. (S. O. 179, A. G. O., August 6, 1885.) *First Lieutenant Philip G. Wales*, Assistant Surgeon (Ft. Coeur d'Alene, Idaho), ordered for temporary duty at Boise Barracks, Idaho. (S. O. 130, Department Colorado, August 1, 1885.)

APPOINTMENT.—*William P. Kendall*, to be Assistant Surgeon U. S. Army, with the rank of First Lieutenant, to date from August 12, 1885.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ended August 15, 1885:

Bailhache, P. H., Surgeon. To proceed to Delaware Breakwater Quarantine as Inspector. August 15, 1885. *Stoner, George W.*, Surgeon. Granted leave of absence for thirty days. August 10, 1885.

The Louisville Medical News.

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J. MORRISON RAY, M. D., - - Assistant Editor.

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THE PLEURO-PNEUMONIA OF CATTLE.

Reports of the prevalence of this loathsome and contagious disease among the cattle of certain localities in Illinois and Kentucky, during the past year, have operated already to the serious prejudice of beef-culture in these States, and have given the stock farmers no little concern lest the pest should become epidemic and suspend their occupation for a time indefinitely long.

The beef-eaters also have begun to evince their disrelish of the situation, and in view of recent vague rumors of plague-infected herds not far from Louisville, some timorous persons known to us have for some weeks eschewed their favorite steaks and roasts, and have eliminated milk from their daily bill of fare.

Whether the pleuro-pneumonia of cattle can be transmitted to the beef-eating man, the veterinary surgeons do not tell us; but that it is a most insidious, latent, persistent, contagious, infectious, certain, and malignant destroyer of bovine beasts, the loathsome carcasses of many cattle in all infected districts testify beyond doubt, and, on general principles, a beef fast would be both decent and prudent in localities

holding cattle afflicted with the disease; for, if accounts be true, cattle, fat, lively, and having every outward sign of health, may hold within the insidious germ, and when killed discover in the carcass no specimen of pathological anatomy save the lungs or other viscera; and since these would not be likely to stimulate his customer's appetite for beef, it is probable that the honest butcher would keep them out of sight.

The Illinois law-makers are dealing effectively with this problem in that State, but there is no law in our State which provides specifically for the proper disposal of infected cattle, and if there be competent inspectors of slaughter-pens and slaughtered animals on duty at the times of killing, they wear invisible coats. But while this picture is nauseating if not appalling, it is refreshing to learn that the view is much less ugly than it has been painted. Our State Board of Health has taken the matter in hand, and through the warm encouragement of the Governor, the hearty co-operation of the Department of Agriculture at Washington, the pecuniary help of the cattle men, and the zeal of the board's able Secretary, Dr. J. N. McCormack, the cause for alarm dwindles to a point and the disease seems to be snugly under control.

This gentleman has just returned from a tour of the supposed infected districts of the State, and we learn from his published statement in the daily press (Louisville Courier-Journal, Aug. 18, 1885) that "the disease is confined entirely to a small district in Harrison County, where it has existed for more than a year." Pleuro-pneumonia was imported into this State from an infected herd of Galena, Ill., by certain stockmen, through the media of fifteen cows bought at that place in the summer of 1884. To this herd all cases of the disease in Kentucky can be traced.

The Secretary believes that every cow that has been exposed to the disease is found. The number exposed is 152, and the number now sick, 40. The infected stock is isolated and in quarantine, being

maintained at the expense of the cattle men of the State, and kept under the eye of Dr. W. H. Wray, of New York, a veterinarian of large experience, who comes to his charge under the direction of the Department of Agriculture at Washington.

The cost of the infected brutes has been estimated, and promising schemes for the prompt eradication of the disease are under discussion.

The Secretary moots the question as to whether or not our legislators will wake up to the necessity of stamping out the disease at once by making the necessary appropriation. Twelve thousand or fifteen thousand dollars will probably do the work in Kentucky, and \$200,000, it is said, would wipe it out of the United States. Says he:

"But no man can estimate what it will cost in a few years, when the cattle on our Western plains and the stock-pens and cars of the country have become infected. If the annual loss in England is \$10,000,000 with 6,000,000 cattle, it is difficult to conceive what ours would be with 40,000,000."

This is true; but the following equation gives a figure which the whisky and tobacco fostering legislators of America might wisely contemplate: 6,000,000 : 10,000,000 :: 40,000,000 : x . The commercial importance of this question is evident beyond doubt, but its influence as a factor in the problem of public health is matter for prompt and serious discussion.

DR. W. K. BOWLING.

This venerable physician died suddenly at his home on Cumberland Mountain near Nashville, Tennessee, on the morning of August 6th.

Dr. Bowling was a man of vigorous intellect and strikingly original character. He was a pioneer in Western medicine, and by his contributions to medical literature, and teaching in the medical schools, did much for the advancement of science, and made for himself an enviable reputation.

The contemporary of Drake, Vandell, Gross, and Bell, he was, like these, for many years an acknowledged leader in the ranks of medicine, and gave without stint his time and his talents to work which had for its aim and end the reform of abuses and the enlargement of the sphere of professional influence.

He wrote with grace and facility, and though quick to discover merit and lavish of praise when worthy men and objects were his theme, there was in him a vein of sarcastic humor which made him a formidable antagonist when provoked to controversy.

Dr. Bowling filled many places of honor and trust at various times during the long period of his professional career. The most exalted of these was the presidency of the American Medical Association at its meeting in Louisville in 1875. His dignified bearing upon that occasion and brilliant handling of the vexed question of medical education in his presidential address are still in the memories of many of our readers.

Under the admonitions of old age he had lived for some years in retirement, doing little in a professional way beyond the writing of occasional essays for current medical literature. He dies at the ripe age of seventy-seven years. His name belongs to the history of nineteenth century medicine, and will there find fit place among the worthies of his day.

Bibliography.

Transactions of the New York State Medical Association for the Year 1884. Volume I. Edited for the Association by AUSTIN FLINT, M.D., of New York County. 8vo, pp vii and 654. New York: D. Appleton & Co. 1885. Price, cloth, \$5.

This volume is elegant in appearance and rich in contents, and possesses for the reader of current medical literature both scientific and medico-political interest. As is well known, the New York State Medical Association was founded in 1883, for the benefit of such members of the profession in the State as refused to worship that golden

image called the New Code, which the Nebuchadnezzar of Gotham Specialism had set up.

Its first meeting was held in New York City in November, 1884, with an attendance of two hundred and forty-two fellows, thirty-one delegates from other associations and numerous invited guests from neighboring cities.

The meeting was noteworthy in the scope and character of the scientific work which it unfolded, but still more so in the fact that it was a substantial protest against the code schism, and demonstrated to the profession at large that the old standard of medical ethics had, in the birthplace of the new heresy, a large and influential following.

In this volume is published the minutes of the convention which led to the organization of the Association, and, since these contain the salient points of the old and new code controversy, they give to the volume a prominent feature of historical interest. The articles of incorporation of the New York Medical Association and the business proceedings of the first meeting are also to be found in the volume, these two departments being very appropriately sandwiched by the full text of the authorized code of ethics. These items, however, occupy a small portion of the book, more than five hundred of its six hundred and sixty-one pages being devoted to scientific addresses and essays. Four of the former and forty-six of the latter were read either in full or by title, and appear in the published proceedings. These papers, all interesting, and some of high scientific merit, are well balanced by fit discussions. The eminent editor has done his work with characteristic skill, and the publishers have made a beautiful book.

Monthly Health Bulletin of Ontario for May and June, 1885. P. H. Bryce, M. D., Secretary.

Shadows in the Ethics of the International Medical Congress. By Levi Cooper Lane, A. M., M. D., Professor of Surgery in Cooper Medical College. San Francisco. 1885.

Voice in Singers. Read before the Ohio State Medical Society, June 4, 1885. By Carl H. von Klein, A. M., M. D., of Dayton, Ohio. Price, twenty-five cents. Hann & Adair, printers, 26 North High Street, Columbus, Ohio. 1885.

Inebriism; a Pathological and Psychological Study. By T. L. Wright, M. D., member of the American Association for the Cure of Inebriates. Cloth. 12mo, pp. 222. Price, \$1.25. Columbus, O: William G. Hubbard. 1885. For sale by the author. Address Dr. T. L. Wright, Bellefontaine, O.

Diseases of the Tongue. By Henry T. Butlin, F. R. C. S., Assistant Surgeon and Demonstrator of Practical Surgery and Diseases of the Larynx, St. Bartholomew's Hospital, lately Erasmus Wilson Professor of Pathology at the Royal College of Surgeons. Illustrated with chromo-lithographs and engravings. Limp cloth, blue edges. 12mo, pp. viii and 451. Philadelphia: Lea Brothers & Co. 1885.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The *Semaine Médicale* has reproduced a note by Dr. Nothnagel, of Vienna, on the pigmentation of the skin in Addison's disease, and as it contains a new theory on the mechanism of this affection, I have thought it sufficiently interesting to bring it to the notice of your readers. According to Dr. Nothnagel, the coloring matter in this disease proceeds direct from the blood, and is not the result of a metabolic action of the cells of the Malpighian bodies; but the author gives no explanation as to the manner in which the coloring matter leaves the vessels to be deposited in the epidermis. Dr. Riehl, former assistant to Kaposi, had occasion to examine four cases of Addison's disease, and found the confirmation of Dr. Nothnagel's opinion. Moreover, in examining the arterial vessels of the skin, he found that not only where the skin was discolored, but also in parts where it was not, the parietes of the vessels were altered, not only the adventitious but also the middle tunic. Dr. Riehl therefore concludes that the unaltered blood globules pierce the altered parietes of the vessels and pass, after having undergone divers modifications in the skin. He found thromboses in three of the four cases referred to. As the vascular alterations exist in the vessels of the viscera as well as in those of the skin, Dr. Riehl considers that the vascular alterations must have preceded the formation of the thromboses.

The tincture of arnica is an old household remedy, and is employed externally and internally; but it would appear, from a discussion that lately took place at the Society of Veterinary Medicine, that its use is not free from danger. The good effects from the tincture are simply attributable to the alcohol it contains; but when the tincture is used too freely it produces great irritation, and this property was said to be due to the presence of an insect in the flowers, but M. Mégnin endeavored to prove that it was to the flower itself that the irritating property may be ascribed, in which it is inherent. M. Mégnin had an opportunity of verifying this while encamped in the Forest of Orleans, where the "*Arnica montana*" abounds; he there observed that the insects found on this flower, and which belonged to the species "*Cryptocephales globicollis*," had none of the vesicating properties of the cantharidis. It has been long known that the powder of this flower is sternutatory, and it is to this property that is due the popular term of the "*Tabac des Vosges*," by which it is known. Practitioners must have occasionally observed an eczematous eruption produced by the application of the tincture of arnica which may be explained by the above note.

In presenting his work to the Société Médicale des Hôpitaux, on blenorrhagia in women, M. Martineau drew attention to the proofs he had collected in his hospital and private practice of the action of the gonococcus as a cause of this disease. According to M. Martineau, blenorrhagia is always specific and virulent, and can not be contracted from a woman who is not affected by it. In other words, no leucorrhœal or other discharge can give blenorrhagia, for like produces like. M. Martineau destroys the gonococcus by cauterizing the follicles with the aid of the galvano-cautery, and by the local application of corrosive sublimate to the parts affected.

As cocaine is now so extensively employed in medical as well as surgical practice, it is worth knowing that this alkaloid, which is readily decomposed, may be preserved for an indefinite time by the addition to it of a small quantity of corrosive sublimate, as in the following formula, proposed by Dr. Darrier: Hydrochlorate of cocaine, 50 centigrams; corrosive sublimate, 2 milligrams; distilled water, 10 grams. The whole to be boiled together, and after allowing it to cool it is to be filtered and preserved in a glass-stoppered bottle. This solution has the ad-

vantage of not only retaining the anesthetic properties of the cocaine, but the mixture itself is rendered aseptic. With this solution, which is not irritating, one drop alone suffices to produce temporary anesthesia of the cornea. If it is desired to obtain a more profound anesthesia and more durable, it will be sufficient to instill five or six different times, and at intervals of three minutes, one or two drops. In fifteen to twenty minutes the iris itself becomes insensible and the pupil dilated.

In connection with this subject M. Fano, a well-known ophthalmologist, writes:

"Cocaine possesses strong mydriatic properties; it has the advantage over atropine in not causing any, or scarcely any, disturbance of vision. It is therefore preferable to employ cocaine to obtain dilatation of the pupil in the cases where it is desirable to examine the fundus of the eye with an ophthalmoscope. In iridectomy operations complete anesthesia may be obtained with cocaine provided the instillation be renewed after the paracentesis of the anterior chamber. The preparation indicated above being antiseptic, there would be no danger attending it if it penetrated into the anterior chamber. In short, almost every operation on the eye may, with advantage, be performed under the influence of cocaine, which may be even preferred to chloroform in ocular surgery. The latter may be reserved for enucleations of the eye, ablations of tumors, blepharoplasties, etc. In nervous subjects, in children, chloroform will be indispensable, but even then cocaine will be very useful. The eye is the organ the sensibility of which is the last paralyzed by chloroform. The least touch, if the narcosis is not complete, provokes reflex movements rather inconvenient for operative maneuvers. When the eye has been previously anesthetized by cocaine, it will suffice to get the patient to inhale a few drops of chloroform, so as to obtund the general sensibility, and thus render an operation possible."

PARIS, 7th August, 1885.

THE next annual meeting of the British Medical Association will be held at Brighton, the president elect being Dr. Withers Moore.

A SOLUTION of atropine (1 to 1000) applied to mosquito-bites relieves the itching and shortens the duration of the papulæ.

Selections.

IS TRUE CROUP DIPHTHERITIC.—Such is the question which for years has proved a veritable apple of discord among pathologists and clinicians, and Virchow has recently cast it anew into the midst of the Berlin Medical Society. The name of this renowned pathologist lends such weight to his opinion that we subjoin some abstracts from his paper, as reported in the *Berliner klinische Wochenschrift* in order that our readers may know where he stands in regard to this important subject.

In 1847, he announced the proposition that, if one would divide the affections of the mucous membranes into comprehensive groups, he must distinguish three definite and distinct anatomical conditions, viz., catarrh, croup, and diphtheria.

Diphtheria is a process of mortification, seated in the substance of the tissue itself, and therefore creates no false membrane upon the surface. Yet, when apparently throwing out an exudation, it does so only by causing an exfoliation of the surface, and loss of substance in every case of such exfoliation. In a word, in most favorable cases, this process occasions ulcerations of the part affected. This view, which he still holds, occupies a foremost place among those conclusions at which he has arrived from observation.

Concerning the cause of this morbid process he holds the view that this is a parasite. He is of the opinion that these parasites have never been observed in any considerable numbers in croupous membranes. They first appear in the superficial layers, rapidly penetrating into deeper parts, not only into the submucous, but even into the muscular layers, or still more deeply. They thereby cause extensive irritation and swelling. It must not be forgotten that their starting point is in the surface, whence they work their way into the subjacent parts. Hence the assumption is easy, that instead of proceeding from the blood, as was once held, they are the product of contagion.

In contrast to this condition are the fibrinous exudates that merely rest upon the surface. Huge strips of false membrane that are often detached from the inner surface of the trachea and larynx never leave an ulceration behind.

Here, therefore, are two entirely distinct processes. One is a something which has its seat on the surface, without, however, the

surface taking any intimate part in the process. This something becomes detached and cast off, yet leaves no trace in the shape of an ulceration. The other is a something that has its seat in the superficial tissues, causes their death and consequent exfoliation, and leaves a loss of substance in its wake.

However, in taking the ground that croup and diphtheria are distinct processes, he would not assert that there may not be a diphtheritic laryngitis; but he would assert that in diphtheritic croup there is no false, that is, fibrinous membrane. To be sure, shreds of tissues may be found which at first glance look like shreds of false membrane; yet, on careful inspection, these are seen to be portions of necrosed and exfoliated mucous membrane. The evidence of necrosis and exfoliation of tissue is that on which he would base a differential diagnosis. If one would not accept this, he knows of nothing else whereupon to base a difference.

These are emphatic utterances, and leave no doubt as to Virchow's position. The controversy concerning the nature of croup and its relations to diphtheria has been waged long and hotly, and is not much nearer settlement now than when it first began. In the last century English observers were already at variance on this point. Home and Johnstone both wrote treatises upon it, maintaining the non-identity of the two affections. In the early part of this century, Bretonneau strenuously supported the view that they were manifestations of one and the same morbid process. French opinion has seemed in the main to indorse the conclusions of Bretonneau, although the opposite has been ably maintained by MM. Brichetau, Desruelles, Emangard, and Bland, and in the prize essays of MM. Vieusseux and Jurine, of Geneva. Likewise in Germany both theories have found ardent adherents. Niemeyer, Oppolzer, Letzerich, and others have coincided with Virchow, while Wagner asserts, "There is no sharp line of distinction between croup and diphtheria, but that in both the membrane is formed by a peculiar metamorphosis of the epithelial cells." Oertel and Klebs regard the two affections as expressions of the same morbid cause. Steiner, in Ziemssen's *Cyclopedia of Medicine*, says:

"The attempt to distinguish croup and diphtheria as two entirely distinct diseases has been unsuccessful. . . . Indeed there are many good reasons for supposing that

these two affections are only varieties and modifications of one and the same process."

In England opinion is still divided. West's and Reynolds' Systems of Medicine uphold the non-identity of the two; while Eustace Smith, in his admirable work on "Disease in Children," expresses himself decidedly as of the opinion that in croup, diphtheria has preceded it, although it may not have been detected. In our country Meiggs and Pepper coincide with the English writer just mentioned. On the other hand, Austin Flint, sr., J. Lewis Smith, and others take the opposite ground.

Thus it is evident how diverse are the conclusions of the ablest minds of all countries. One party maintains that membranous or true croup is a local inflammatory process, always produced by exposure to cold or wet; whereas the other is as positive that it is diphtheritic. It would seem that the Latin proverb, *via media, via recta*, is particularly applicable to this discussion, and that in some instances croup is primary and independent of diphtheritis—that in others it is secondary to that disease.—*Journal American Medical Association*.

PEDIATRIC APHORISMS. — The following aphorisms of Prof. Letamendi are quoted in *El Dictamen* of May 10, 1884:

1. Children are like the mob; they always complain with reason, although they can not give the reason why they complain.

2. Always look at the lips of a pale and sickly child; if they are of a deep red color, beware of prescribing tonics internally. At the outset you will congratulate yourself, but in the long run you will repent of having employed them.

3. As a general rule, a sad child has an encephalic lesion; a furious child, an abdominal one; a soporific child has both, though indistinctly defined.

4. An attendance on children produces in the mind of an observant physician the conviction that the half, at least, of adult transgressors are so through morbid abdominal influences.

5. A sunny living-room, a clean skin, and an ounce of castor oil in the cupboard, these are the three great points of infantile hygiene.

6. To dispute the clinical value of tracheotomy in croup is a waste of time to no good purpose. Croup, or no croup, if there be a positive obstruction to respiration in the larynx it is but according to reason to open a way for sub-laryngeal respiration.

In the days of more knowledge and less nonsense tracheotomy will be ranked among minor surgical operations.

7. Dentition is a true multiple pregnancy in which the uterus and its fetuses become petrified in proportion as they grow. It is not the direct or the eruptive pressure, but the lateral pressure of all together that is the most dangerous. It is from this that so many cerebral symptoms appear which can in no way be relieved by incisions of the gums. The only resource against the danger of this transverse pressure is to give the child more nourishment, in the hope that as the general condition is bettered the local condition will also improve.

8. If the incisors of the first dentition are serrated it is bad, but if those of the second are the same it is worse. It foretells a number of lesions arising from deficiency of mineral salts in the tissues. There is only one exception, and it is an important one. When the serrated incisors are seen in strong children in whom the fontanelles have closed early, it is a sign of robust constitution. Instead of a number of small and sharp dentitions, there are a few large blunt ones.

9. To regard the eruption of the teeth as the sole factor in the general process known as the first dentition is to perpetrate a sort of a medical synecdoche. Children get their first teeth because they are at the same time getting a second stomach and second intestines.

10. The body of a child possesses such a degree of "acoustic transparency" that in cases of necessity or convenience auscultation may be practiced with the hand, converting it into a telephone which will reveal as much to the physician as even his ear could do.

11. In practice it is well to distinguish with decision a case in which disease is due to lumbricoids from one in which lumbricoids are due to disease. For in the former case anthelmintics are of service, but in the latter they do harm.

12. Since, until a child is able to talk clearly, his relations with the physician are purely objective, it is very necessary that we should study as carefully as do the veterinarians the exact correspondence between lesions and the expression of the patient.

13. If you wish to cure rapidly and well joint-disease in infants you must treat them as you would a conflagration—douches, douches, and more douches, until you have succeeded in extinguishing them.

14. The entire system of the moral relation between children and adults should be changed. To speak to them incorrectly merely because they can not pronounce well; to excite their fears and arouse their weird imaginations simply because they are easily frightened and impressionable; to stimulate their vanity because they are naturally inclined to be vain; these and other similar actions are not only wrong but absurd.

15. There is finally a danger to women of contracting a vice as yet unregistered in the annals of concupiscence—mastomania, or the sensuality of nursing. When this physiological act degenerates into a vice, nursing becomes so frequent as to be nearly continuous, and the result is ruin to both mother and child. Finally, the physician must here, as always, be at once wise, discreet, of good judgment, and firm.—*Birmingham Medical Review*.

THE BACILLUS OF FINKLER AND PRIOR.—The foreign correspondent of the Boston Medical and Surgical Journal says that Finkler and Prior, in a recent pamphlet, gladly welcome any discussion of their views. They draw attention to the following points:

1. We confirm the existence of Koch's comma-bacillus in the contents of the intestines and in the dejections of the patients who suffered from cholera Asiatica in Genoa in 1884.

2. We have discovered the comma-bacillus in the feces of cholera-nostras patients; we have thus found them directly, by means of the microscope, and we were the first to breed them in pure culture fluids as well as the first to describe them.

3. These two kinds of comma-bacilli are vibrios which form genuine spirillæ. In reference principally to their morphological rank, as well as in relation to the changes which they may undergo in form, the two vibrios are alike.

4. The conduct of both in cultures agrees in most kinds of culture procedures. Differences manifest themselves only under very closely related conditions of culture surfaces and temperature, and declare themselves not so much by *absolute* as rather by far more *relative* peculiarities, namely, greater energy of growth and of vitality of the vibrio of cholera nostras.

5. Of the physiological characteristics of these vibrios, we especially denote, and have already done this in an earlier paper, their marked capability of resistance against

drying, against different temperatures, and against putrefaction.

6. We maintain the possibility of a condition of tenacity and consider it probable that this tenacity of existence resembles that of one of the spores of some other micro-organism of similar formation.

7. Both vibrios are pathogenic.

8. The pathogeny* of Koch's vibrio is greater than that of the *Finkler-Prior* vibrio; this also is only a question of *relative* difference.

9. The pathogenic character does not manifest itself in all kinds of animals; far more, rather, a great number of animals possess immunity against both vibrios. They manifest themselves only under certain conditions. The animals which are susceptible to and the conditions which are favorable for the action of the bacilli are the same for both vibrios.

10. The evidences of the disease called forth by the vibrios in the bodies of animals, possess a certain similarity to those of cholera in human beings; they are, however, not specific, but in the guinea-pig can be imitated by means of other infectious matters and by chemical poisons.

11. The causative connection between the comma-bacillus and cholera Asiatica is most probably shown by the constant presence of the bacillus, but it is not to be considered as certainly proved by experiments on animals. The casual connection between the comma-bacillus (discovered by us) and cholera nostras was probably shown on the one hand by the constant discovery of the micro-organism, on the other by the extreme similarity of the symptoms of cholera nostras to those of cholera Asiatica, as well as in the biological pathogenic peculiarities of the two comma-bacilli.

12. The two vibrios can reach the blood after being injected into the intestines and are secreted in the urine. The sojourn of the Koch bacillus in the body of an animal creates an increase in the rapidity of its growth, so that thereby a still greater similarity between the two vibrios is attained in their demeanor in cultures.

TREATMENT OF CERTAIN FORMS OF SYPHILIS.—Dr. A. Cameron read a paper before the Liverpool Medical Institute (Medical Press and Circular) on the above subject. He contended that the ordinary modes in use in the present day failed in many cases to eradicate the disease, they smothered up the symptoms, but left the germs behind,

which might give trouble hereafter. He advocated a return to the old mode of medication by herbal decoctions or tisanes. He cited the following cases: The first was that of a woman about forty years of age, who acquired syphilis from her husband twelve years ago. She never noticed any lesion of the genital organs, but says she was for a time really blind, and has marks of rupia in various parts of her body. The nose is quite destroyed, and the nasal cavity presented the appearance of burnt cork; two incisor teeth have gone, and the ulceration was extended up the forehead, and was spreading on the cheeks. In fact, the face was being as it were gnawed away. She was extremely weak, and unable to work for her living. The following mixture was given to her: Radix sarzæ, ℥xij; stillingia sylvatica, ℥iv; liq. guiaci, ℥ij; radix glycerhizæ, ℥ij. About one-fourth of this was put in a quart of water and boiled down to a pint, and taken as follows: A tumbler hot in the morning, the patient afterward lying in bed covered with clothes, a tumbler cold in the middle of the day, and one hot at night after going to bed. Generous diet was ordered. After some months of this treatment a perfect cure was effected.—Another case cited was that of a woman, aged thirty. She had formerly suffered from an ulceration of the neck which had been cured by large doses of iodide of potassium, but she fell into a state of extreme debility, with sore throat, intense neuralgic pains in the head, double internal squint, and a hard rising in the palate, which ulcerated on the surface. She was put under the same treatment as the other patient, and after a few months' perseverance a perfect cure was effected. In conclusion, he urged that this treatment should be carried out thoroughly and conscientiously, or it would be of no use, and he expressed his want of confidence in the compound decoctions and fluid extracts generally sold.

PTOMAINES. — Professor L. Brieger, of Berlin, has recently published a monograph in which he gives the results of his own researches into the interesting subject. From fibrine digestion he obtained a poisonous substance named by him *peptoxi*. It crystallizes with difficulty, and is readily soluble in water. It gives precipitates with most of the common alkaloid reagents. A few drops of a dilute aqueous solution suffice to kill frogs within fifteen minutes. Those experimented on become paralyzed,

and were insensible to irritations. Symptoms of paralysis also showed themselves in rabbits after subcutaneous injection of the solution. From human and other decomposing muscle flesh he succeeded in isolating a new poisonous substance, *curindine*. It crystallizes in hydrochloric acid combination. From the mother liquor of nuridin a second base, *neurine*, was obtained ($C_5H_{13}NO$), which has a poisonous action on both-warm and cold-blooded animals. A few milligrams act on cats. 0.04 gram pro kilo kills rabbits with a constant train of symptoms, among which are profuse secretions from the mucous surfaces and powerful clonic convulsions. Atropine was an efficient antidote to the poison. Three bases were obtained from decomposing fish that had been exposed to the air for five days: (1) *Entylediamine* ($C_2H_{12}NO_2$). Frogs showed a certain tolerance of this; rabbits were scarcely affected by it; but in the case of mice and guinea-pigs it produced a copious secretion from the nose, mouth, and eyes, dilatation of the pupils, and dyspnea. (2) A substance analogous to muscarine. Injected subcutaneously into rabbits it produced copious secretions and excretions, dilatation of the pupils, and convulsions. Atropine prevented the action of the poison. (3) *Gadinine* ($C_7H_{17}NO_2$), which appeared to be innocuous.

From five kilos of cheese that had been decomposing in water for six weeks neuridine and trymethyamine were obtained. Neuridine and dimethylamine were also obtained from decomposing glue. The writer remarks in conclusion that the ptomaines form two classes—the poisonous and the non-poisonous—and that we are no longer justified in imputing chemical putrid infection to *none sepsi*. The formation of chemical poisons by the actions of formed or unformed ferments is now proved. The character of the soil determines the synthetic power of the bacilli of decomposition. Thus putrid muscle gives rise to the poisonous neurine, and putrid fish to the poisonous muscarine. These substances give rise to symptoms that have their analogues in certain forms of disease. The writer is now directing his attention to the ptomaines to be obtained from the human body as it undergoes different forms of decomposition.—*Medical Press and Circular*.

THE Council of the British Medical Association report the number of members on the roll to be 11,249.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, AUGUST 29, 1885.

Original.

WOUNDS OF THE ANTERIOR SEGMENT
OF THE EYEBALL.*

BY J. MORRISON RAY, M. D.

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Wounds and injuries of the cornea, iris, and ciliary body are of sufficiently frequent occurrence to make their consideration of importance to general practitioners. They rank as surgical emergencies; and when called to treat such cases we should not only bear in mind the danger directly to the eye injured, but also the risk to which the fellow eye is subject from sympathy. DeMour, a Frenchman, in 1818 first called attention to the fact that injuries of the anterior part of one eye were liable to excite inflammation in its fellow. This observation did not, however, bear fruit until 1854, when Pritchard demonstrated that enucleation of the injured eye would mitigate or cure the sympathetic trouble if it had not advanced too far, and hinted at enucleation as a possible prophylactic measure. Since that time enucleation has become recognized as a thoroughly established procedure in the prevention of sympathetic ophthalmitis. The question most pertinent at the present time is, how much injury can the implicated eye sustain and be still retained with a minimum of risk to its uninjured fellow? Whether to sacrifice or attempt to save the injured eye is a very important and often difficult question to decide. Where there is an extensive wound involving the so-called dangerous region and no perception of light, any surgeon would on general principles condemn the eye. However, there is doubtless danger that some whose conservatism has given them bitter experience of sympathetic oph-

themia may advise the extirpation of an eye that by judicious care would eventually become a useful organ.

Bowman has said that by careful nursing many eyes that are severely wounded can be saved from exciting sympathetic inflammation even when there appears to be but little chance of obtaining a plump eyeball. The writer, having noticed a number of cases of sympathetic inflammation at the clinic of one of the most prominent of British ophthalmologists, asked him why he had not practiced enucleation in these cases and thus prevented the disaster. He remarked that after a study of the subject for many years, and a careful examination of all the material afforded by the Moorfields Ophthalmic Hospital, of which he was for a long time pathologist, he had satisfied himself that many eyes were sacrificed which would by careful attention have become useful. During my service at the Manhattan Eye and Ear Hospital, New York, cases of injury to the eye were very frequently seen. The following cases, which came under my care in that place, seem to verify the statement made by Sir Wm. Bowman, as given above.

W. S. B., aged thirty-nine, a dental instrument sharpener, was, on February 11, 1883, struck by a piece of steel from an instrument which he was honing with unwonted force. He was seen about a half hour after the accident by Dr. Webster, who found a large lacerated wound of the ciliary region on the inner side of the right eye extending into the cornea in a rectangular shape. The ball was collapsed and the vitreous protruded. The lids were also lacerated. There was no perception of light. The eye seemed to be full of blood, and vitreous humor escaped freely whenever the organ was manipulated. The patient was taken into the hospital, where the wound was cleared by as gentle manipulations as possible and a pressure bandage applied. This was removed on the following day,

*Read at the June meeting of the Kentucky State Medical Society.

when the eye was found to have partially refilled. Still there was no perception of daylight. The lips of the wound seemed to be in the right position for perfect coaptation, with the exception of one place where a small mass of vitreous still projected. The vision in the other eye was $\frac{20}{20}$. The bandage was changed every day, and the patient ordered to keep quiet, to have low diet, and to be given a calomel purge. Atropine was used in the eye. On the 18th the edges of the wound seemed firmly united except at the place above noted, where a small shred of vitreous protruded. The pupil in the fellow eye was active, vision $\frac{20}{20}$, and with the ophthalmoscope no lesion was observed. The wound healed with the slightest amount of reaction, and when the patient was discharged from the hospital he could count fingers with the injured eye.

With the ophthalmoscope the fundus of the injured eye was seen distinctly, but below and behind the lens was a black mass of blood pigment. The eye was free of irritation, the wound being smoothly healed with a clean-cut coloboma of the iris inward. When first examined the wound was so extensive that those who saw the case were of the opinion that the lens was extruded at the time of the injury, but now its edge could be seen at the inner side, behind the coloboma. Power of accommodation was present, and the fundus was seen distinctly without a glass in the ophthalmoscope. There was a linear opacity of the cornea corresponding to the wound, but there was no noticeable scar or depressed cicatrix in the ciliary region, marking the injury to the part. With the ophthalmoscope the lower half of the fundus seemed obscured by a dense opaque mass situated just behind and in contact with the lens. This seemed to be a mass of blood pigment gravitated to the bottom of the vitreous. There were also a few opaque striæ in the lens at the point corresponding to the periphery of the coloboma. The vision in the right, the injured eye, was on May 16th, four months after injury, $\frac{20}{20}$; left, $\frac{20}{20}$. December 16, 1883, the eye looked well, the patient had had no trouble. The opacities in the lens had not increased. Vision in right injured eye $\frac{20}{20}$; left, $\frac{20}{20}$. This patient was seen for the last time in February, 1884, at which date there was no sign of irritation, and no perceptible cicatrix except the linear opacity in the cornea. Vision was $\frac{20}{30}$ in the injured eye, and in the other $\frac{20}{20}$. This was one year after the receipt of the injury.

CASE II. James C. came to the hospital July 14, 1883. Dr. Roosa being absent for the summer, I examined the case. He had been struck in the left eye by a stone thrown with considerable force. There was a lacerated wound of the lids, and one of the eyeball, involving the cornea and extending into the ciliary region. There was a large prolapse of the iris and vitreous, and the eyeball was collapsed.

The anterior chamber contained blood, and there was no perception of daylight. Vision, right eye, $\frac{20}{20}$; Hm. $\frac{1}{72}$. A compress bandage was applied; the next day considerable redness and chemosis of the conjunctivæ were visible, and iced cloths were applied; atropine was also used. This chemosis disappeared, and the wound healed completely.

August 6th. Vision, left, $\frac{20}{20}$; with right, vision $\frac{20}{20}$; accommodation good, as shown by ability to read J. No. 1, at $3\frac{1}{2}$. With ophthalmoscope no blood was visible in the vitreous; there was a smooth coloboma upward; corresponding to this were several linear opacities in the lens. By August 20th the redness had all disappeared, there was a large opacity of the cornea corresponding with the injury to this part; the ciliary region did not show a depressed cicatrix; the lens was opaque in striæ, and eye free from tenderness on pressure. Vision, left (injured) eye, $\frac{20}{20}$, right, $\frac{20}{20}$. He was seen again in November, 1883, four months after injury; there was no irritation or tenderness at the seat of injury, and the vision was the same as when last noted.

Both of these you will see were extreme cases, and in one of them I am sure that the eye would have been enucleated had not the patient objected. By judicious nursing, careful bandaging of the eye, and attention to diet, the repair of the wound in the ciliary region and cornea was accomplished with the least amount of inflammatory reaction, while no depressed cicatrix or new tissue formation was left behind; and, since there is no tenderness on pressure or any sign of irritation whatever in the eye, we may be assured that there is but very slight, if any, danger from sympathetic trouble. When there is any sign of impending inflammatory reaction, Dr. Agnew is in the habit of giving fifteen or twenty grains of calomel, and I fancy I have seen it make a marked change in the course of inflammation, especially in impending destruction after cataract operations.

I have the notes of two more cases of in-

jury to the anterior hemisphere of the eye, which may be of interest in this connection. The traumatism in these was not as extensive as in those just given, the function of the organs was, however, very seriously involved and their usefulness very much endangered. The result obtained is also as well marked as those just reported.

W. C., aged twenty-nine, railroad employe, was seen in Dr. Agnew's clinic. He had been struck in the left eye by a piece of iron chipping. The lower lid was lacerated, and there was a wound situated below the center of the cornea, extending about one quarter of an inch into the ciliary region. Filling the wound was a small black pigment mass, the pupil was pear-shaped, and drawn toward the site of the wound. Vision was in this eye perception of light, in the other, $\frac{2}{80}$. On examining the injured eye with ophthalmoscope, numerous patches of blood were noted, extravasated into the vitreous, but no foreign body could be detected. Eserine was instilled into the eye so that, if possible, the pupil should be drawn into its proper shape; a bandage was applied, and rest ordered. On the following day the eye was somewhat irritable, and the aqueous humor slightly hazy. The bandage was discontinued, and iced cloths and atropia substituted. A calomel purge was ordered, and low diet given. The eye rapidly improved, and when he was discharged the only signs of injury were a small pigment spot marking the seat of the injury, a slightly distorted pupil, and a few opacities in the vitreous. Vision, left eye, $\frac{2}{40}$; right, $\frac{2}{80}$. He was seen again in September, 1883, the eye was then perfectly clear, and vision $\frac{2}{80}$.

A. B., aged fifty-eight, came to the Hospital in March, 1883. He had been cutting wood, when a piece of chip flew up and struck him in the eye. When seen there was a clean-cut wound of the cornea to the inner side, extending to the ciliary region. There was prolapse of the iris, and hemorrhage into the anterior chamber, with injury of the lens. Vision equaled perception of light and shadows. Atropia and a bandage were used, and the eye carefully watched. The anterior chamber refilled, the blood cleared away, the lens became entirely opaque, and a small synechia of the iris only remained. In a few days the lens matter came forward through the rupture in its capsule, and was gradually absorbed. Bandage, atropine, low diet, and rest were continued. The atropine

eventually caused slight irritation, and was discontinued for a few days.

April 25th. The lens seemed to be rapidly absorbing; by May 19th no trace of it could be found, and through a small rent in the slightly opaque capsule he could see $\frac{2}{80}$ with $+ 3\frac{1}{2}$; vision in the right has been $\frac{2}{80}$ ever since the day of the injury. The redness had disappeared, the only thing left to indicate an injury was a small anterior synechia. He was seen again at different times for six months, and, when last noted, vision was, left, $\frac{2}{80}$ with $+ 3\frac{1}{2}$; right, $\frac{2}{80}$, and no irritation or tenderness.

The results obtained in the cases here referred to are by no means observed in all injuries of the eyeball. It is a noteworthy fact that often an eye will react safely from an injury that threatened total destruction; and, again, an eye slightly injured will resent the damage very quickly. This latter is especially true in childhood, in children also sympathetic inflammations are more prone to occur and most often observed.

In conclusion, I would urge that while practicing wise conservatism in dealing with injuries of the eye, we must never lose sight of the fact, that if much inflammatory reaction takes place, if the ciliary region is involved in a firm cicatrix, the iris and ciliary body in a state of chronic excitement, with an abiding tenderness in this region, the eye should be carefully watched, and the patient warned of the dangers which menace the fellow eye from sympathy. The cases herein given, and others that I have had the good fortune of seeing, lead me to agree entirely with Swanzy, who says, "Never remove an injured eye (unless it contains a foreign body which can not be removed) if it has a fair chance for sight, and there is no sign of inflammation, for the inflammation may not come on, and thus the eye be saved."

LOUISVILLE, KY.

REMARKABLE BONE SURGERY.—The Therapeutic Gazette says that a German secular journal gives an account of a singular feat of surgery performed recently by Professor Bergmann. Two cases presented themselves at the clinic. One a case of necrosis of the humerus, the other an amputation of the femur. The necrosis of the humerus called for an extensive removal of dead bone-tissue, which Bergmann supplanted by a large piece from the amputated femoral bone. Perfect success was obtained.

Miscellany.

UNDER the title of Progress of Public Sentiment, the Journal of the American Medical Association in its issue of last Saturday cheerily states that:

Evidences are not wanting that the principal performers in the grand comic play of "Much Ado about Nothing," which was commenced so brilliantly on the 29th of June by twenty-eight prominent members of the profession in Philadelphia, are becoming weary of their work. Some who were induced to join in the play from the first impulse have already withdrawn, and others are evidently preparing to follow.

Dr. John H. Packard, of Philadelphia, who was appointed Secretary-General of the Congress by the Committee of Arrangements at the meeting in Chicago, and whose name was published as one of the twenty-eight who declined to accept any place in the revised organization, has recently withdrawn his declination and accepted the position.

We are just informed by Dr. Packard that the above statement, so far as it concerns him, is absolutely false and without foundation, and that he has written to the editor of the Journal of the Association a letter for publication to that effect. While the New Committee has never had any claim to public support, we yet regret that, to stimulate its waning strength, it should still further estrange public confidence by again resorting to the method of willful misrepresentation to which it owed its birth.

Under the circumstances it is necessary for the Journal of the Association to present the proof of the correctness of its statement concerning the intentions of other gentlemen before the profession can give to it unqualified belief.—*Phil. Med. News.*

CHARLESTON PHYSICIANS AND THE NEW ORGANIZATION.—The undersigned, for reasons connected with the changed circumstances in the organization of the proposed International Congress, since their appointment in the several sections, hereby respectfully withdraw their names.

MIDDLETON MICHEL,
F. PEYRE PORCHER,
FRANCIS L. PARKER.

CHICAGO PHYSICIANS AND THE NEW ORGANIZATION OF THE CONGRESS.—Believing that the American Medical Association, at its late meeting in New Orleans, took such action with reference to its committee, appointed one year before, to unite, arrange for, and organize the ninth International Medical Congress, as to nullify in part the

work performed by said committee, thereby jeopardizing the success of the proposed Congress, and putting the medical profession of this country in a false and unfavorable light, the undersigned disapprove of this action of the Association, and decline to serve in the positions to which they have been appointed in the Congress as at present organized.

A. REEVES JACKSON, N. SENN,
HENRY M. LYMAN, CHARLES T. PARKER.
JAMES NEVINS HYDE,

OTHER RESIGNATIONS FROM THE NEW ORGANIZATION.—We are informed that Dr. Edwin M. Snow, of Providence, has declined the vice-presidency of the Section of Collective Investigation, Nomenclature, and Vital Statistics, and that Dr. D. Bryson Delavan, of New York, has declined the secretaryship of the Section of Laryngology.

Dr. Thomas F. Wood, of Wilmington, N. C., has declined to serve on the Council of the Section of Practical and Experimental Therapeutics; likewise, Drs. J. Rufus Tryon, U. S. N., and Alfred A. Woodhull, U. S. A., on the Council of the Section of Military and Naval Surgery and Medicine; and Dr. Christian Fenger on the Council of the Section of Pathology.

The Medical News publishes the following letter from Sir James Paget, dated London, July 22, 1885:

DEAR DR. HAYS: I am very sorry to learn from some of your journals, as well as from letters which I have received, that there are serious differences of opinion among the members of our profession in your country as to the arrangements to be made for the International Medical Congress which it is proposed to hold in Washington in 1887. The deep interest which I feel in the Congress makes me venture to write to you in the hope of helping toward a right decision of some of the questions in dispute, and chiefly by stating what I believe to have been the custom at former meetings.

I believe that a principal question relates to the authority, if any, which was given by the Congress at Copenhagen in 1884, to the gentlemen who conveyed the invitation that the next meeting should be held in the United States of America.

I believe that it has never been considered that the members at one Congress should give any formal authority for any part of the organization of the next. At each meeting some place has been named at which it was deemed desirable that the next should be held; and at the same time, or soon afterward, some persons of high repute in that place have been asked to take such steps as they might deem necessary or most likely to promote a successful meeting.

Thus, after the Congress at Amsterdam in 1879, the President, Prof. Donders, wrote, in the first instance to Sir Joseph Lister and Sir William Bowman, and by them, and those whom they asked to act with them, the first and all the principal subsequent measures were adopted for the promotion of the meeting in London. Sir Risdon Bennett, the chairman of the Executive Committee, communicated to Prof. Hannover and Prof. Panum, of Copenhagen, the desire that the next meeting might be in one of the chief cities of Scandinavia; and those gentlemen, and others acting with them, began and had the principal part in all the arrangements for the Congress in Copenhagen.

I fully believe that it was understood at Copenhagen that the same course would be pursued in the organization of the Congress to be held at Washington. I was at the general meeting at which, after some discussion, the majority of the members present expressed the wish that the next Congress should be in the United States; and I have no doubt that it was expected that the distinguished American gentlemen there present would obtain the co-operation of the most eminent of their professional brethren, and would, with them, make all the arrangements which they should deem best.

Certainly it was not supposed that the Congress would be regulated with any degree of exclusiveness, by the members of one medical association, however numerous; and I think it quite as certain that, if this had been thought possible, the proposal that the next meeting should be held in the United States would not have been adopted.

I am sorry, also, to feel sure that if the Congress be not supported by the eminent men who have now declared that they will take no part in it, the members of the profession in this country who attend it will be very few. And in this opinion, as well as in all that I have written here, I have the concurrence of several of the most influential of the London Congress with whom, before this writing, I consulted.

Editorially, the News says:

We invite careful attention to a letter appearing in another column, which has been received from Sir James Paget, who, as the immediate predecessor of the lamented Panum in the presidency of the Congress, and as a member of the existing Executive Committee, speaks in reference to the organization of the next Congress with the highest authority. This letter commends itself to the thoughtful consideration of every physician who has the true interest of the American profession at heart, and it will give light to some who desired more authoritative information than they have yet possessed to guide correctly their future course of action.

It has been asserted by the editors of one or two medical journals that the Executive Committee of the last International Medical Congress no longer exists, that therefore the Congress must meet next in this country, and hence that the American Medical Association plan must be adopted and supported. We have now information from members of the Executive Committee of the Copenhagen Congress that that committee is considered to be still in existence, that it still has work to do, and that it will by no means hesitate to assume

the responsibility of ordering that the Congress shall meet in Europe instead of this country in 1887, in case it considers that such change of place of meeting would be for the interests of the Congress. And, if it does issue such a notice, there can be no doubt that it will be obeyed.

Of this committee Sir James Paget is one of the most prominent and influential members, and hence his opinion demands the most serious consideration. This opinion is clear and straightforward. *Certainly it was not expected that the Congress would be regulated with any degree of exclusiveness by the members of one medical association, however numerous, and I think it quite as certain that, if this had been thought possible, the proposal that the next meeting should be held in the United States would not have been adopted.* I am sorry, also, to feel sure that, if the Congress be not supported by the eminent men who have now declared that they will take no part in it, the members of the profession in this country who will attend it will be very few.

We consider it as now certain that the European members of the Congress have, through their Executive Committee, the power to prevent any material interference with the organization and work of the Congress itself, but, while this does away with our fears lest the progress and usefulness of these great international scientific gatherings should be checked by the action in this country, it increases our anxiety as to the effect of this discord upon our reputation abroad and on our associations at home.

The action of the Original Committee, of the American Medical Association, and of the New Committee is now generally understood, and there does not seem to be much use in further comment and criticism upon what is past. The important question now is as to the future. Is there any way by which the impending disgrace can be averted? If there is, it must be such as will induce those who have withdrawn from the organization to return and co-operate heartily. To the best of our knowledge and belief, derived from an extensive correspondence and from personal interviews, there is but one way to do this, viz., by dropping the code question entirely, confirming all the appointments of the original committee, and leaving to the enlarged committee which it created, including the presidents of the sections, the work of making additional appointments, completing the organization, and carrying out the work to its completion. If this be done we believe that questions of appointments, etc., will be settled to general satisfaction, and that although the difficulties of the work will be greatly increased, the Congress will be what we all desire it should be, a great success.

If this be not done, we do not believe that the Congress will meet in this country in 1887.

The Boston Medical and Surgical Journal says:

It has been evident for some time that the prospect for a successful International Congress in this country was very small. It is impossible to expect men of scientific attainments to cross the water to take part in a Congress about which there is so much misunderstanding as in the present instance. It is exceedingly unpleasant to accept hospitalities in a house whose inmates are unable to agree as to

the manner in which such hospitality shall be shown.

We are permitted to-day to print a letter from a medical gentleman, well known on this side of the water, which expresses the attitude which men interested in the science and not at all in the politics of medicine must necessarily take. It is addressed to Dr. J. Collins Warren, and is as follows :

MY DEAR COLLINS WARREN : I have seen in medical papers, and heard through private sources, that a serious disagreement has occurred with respect to the organization of the ensuing International Congress in Washington. A few of those who had been concerned in organizing the London Congress recently met to talk the matter over, for we feel that any failure which might attend the Congress in the United States would be little short of a professional disaster. I do not myself think, and most here would share my opinion, that a Congress from whose ranks some of your best physicians and surgeons have determined to withdraw, and whose members are to be further restricted to such as belong, either directly or by affiliation, to one medical body in America, would be likely to be attended by many colleagues from this country.

Speaking from personal knowledge, an international congress can not be a success unless taken up in the warmest and most self-sacrificing manner by all the principal men in the country where it is to be held. I was present at the meeting in Copenhagen, where the invitation to meet in America in 1887 was given, and after some discussion accepted. I am sure it was present to the mind of every one there that the invitation was one from the profession of America, and not from any section of it, or any particular medical society in it. Otherwise, I feel pretty certain Prof. Virchow's invitation to meet on the next occasion in Berlin would have been accepted.

Even now it would appear to me wiser to have that invitation renewed, or to meet in some other place, than to have a meeting in America, from which, so far as we may at present judge, many of the chief men on both sides of the Atlantic would absent themselves. You are at liberty to use this letter as you deem fit.

Yours very faithfully,

WILLIAM MACCORMACK.

LONDON, 13 HARLEY STREET, July 25, 1885.

It is not easy to see how the matter can be remedied so as to counteract the disagreeable impression already made upon foreigners. What the committee may be able to accomplish at its extra meeting in September can only be conjectured, but we are very skeptical as to their power to accomplish any good results. Certainly nothing can be expected from men who consider the numerous resignations that have taken place as manifestations of a conspiracy, or as part of a game of bluff. We trust the editor of the Journal of the American Medical Association will be able to comprehend, at least, that the opinion represented by the above letter is not the expression of those who have "deliberately undertaken to obstruct the work of organization."

The *Progrès Médicale* says :

We learn by the Medical Times that the organization of the International Medical Congress at

Washington is meeting with certain difficulties among our *confrères* beyond the sea. The American Medical Association disapproves of the acts of the committee named at Copenhagen, although the latter had joined to itself a great number of members of the Association. It preferred to replace the committee by another made up wholly of its own members. It would be ungracious in us to criticise the honorable medical association of the United States in any way, but it is incontestible that this way of acting is contrary to the usage followed by the International Medical Congress thus far, and, as the Medical Times very justly says, it involves great risk of compromising the success of these international reunions for ever. What is none the less certain and none the less grave is, that thus many of the American members who are held in the highest esteem here, and enjoy the deepest sympathy, would be alienated from the Congress. However attractive it would be for us to extend the circle of our acquaintance and to contract new relations, we should be quite as well pleased to see again those whose names have long been known to us, and whom we are proud to call our friends. There is no doubt that any indignity put upon them will considerably chill the zeal of their Old-World colleagues in trusting themselves to the uncertain waves of the ocean.

DIAPHORETIC TREATMENT OF NEPHRITIS. N. Hess (*Vratch*; Medical and Surgical Reporter) having made a number of observations on the treatment of nephritic patients by wet packs, hot baths supplemented by wrapping in blankets, and hot air-baths, draws the following conclusions :

1. The least rise of temperature occurs with packs, the greatest with hot baths.
2. While the temperature is found to sink still further twenty minutes after the pack, it remains at the same height for an hour after both the other methods of treatment.
3. After water-baths the temperature regains its original height more slowly than after air-baths.
4. During the pack the pulse becomes slower; during hot water- and air-baths, on the contrary, it is quickened for an hour afterward.
5. Under the influence of the pack, respiration is moderately quickened; during both water- and air-baths it is still more quickened, but subsequently returns to its normal rate more rapidly than after the pack.
6. The most powerful sudorific effects are produced by hot-baths, the least powerful by packing.
7. Though the baths are more stimulating, packing soothes the action of the nervous system, brings the patients on better, and produces a subjective feeling of improvement afterward.

VAGINAL HYSTERECTOMY FOR CANCER.—In a paper having the above title (Journal of American Medical Association) the author, Dr. A. Reeves Jackson, of Chicago, comes to the following conclusions:

1. Any operation for cancer which does not completely remove the disease will be followed by recurrence.

2. During life, the diagnosis of the extent of cancerous disease originating in any part of the uterus is at present impossible; hence, no operative procedure can afford a guarantee of complete removal.

3. In view of this necessary doubt, no operation is justifiable which greatly endangers life, provided other and safer methods of treatment are available.

4. Vaginal hysterectomy has sacrificed the lives of more than one third of those who have been subjected to it—the mortality of the operation when done by those of greater skill and experience being over thirty-six per cent.

5. Other methods of treatment, attended by not more than one sixth to one fourth the mortality of vaginal extirpation, are equally as efficient in ameliorating the symptoms and retarding the progress of the disease; and they have been followed by as good or better ultimate results. Hence they should be preferred.

6. Vaginal hysterectomy does not avert or lessen suffering; it destroys and does not save life. It is, therefore, not a useful but an injurious operation; and being such, it is unjustifiable, and ought to be abandoned.

THE AMERICAN RHINOLOGICAL ASSOCIATION.—The third annual meeting of the American Rhinological Association will be held at Lexington, Ky., October 6, 1885. Papers and discussions will be devoted exclusively to the diseases of the nasal passages and their sequences. The officers for 1885 are: President, P. W. Logan, M. D., Knoxville, Tenn.; first Vice-President, A. DeVilbis, M. D., Toledo, Ohio; second Vice-President, J. A. Stucky, M. D., Lexington, Ky.; Recording Secretary, C. A. S. Sims, M. D., St. Joseph, Mo.; Librarian, N. R. Gordon, M. D., Springfield, Ill. Council: J. G. Carpenter, M. D., Standford, Ky.; H. Jerard, M. D., East Lynne, Mo.; H. Christopher, M. D., St. Joseph, Mo.; E. F. Henderson, M. D., Los Angeles, Cal.

Information concerning the full programme, membership, papers, attendance, etc., may be learned from any of the above officers of the Association.

GOOD-BYE!—A few days hence, Professor Holland leaves Louisville for Philadelphia, his new home and field of labor. On Wednesday eve, 19th inst., a dinner was given in his honor by Prof. J. A. Ochterlony. The guests, selected from among Dr. Holland's large circle of friends, represented theology, law, literature, and medicine. They were, Prof. John A. Broadus, D.D., Dr. R. C. Hewett, Col. John Mason Brown, Prof. J. M. Bodine, Dr. Samuel Brandeis, Gen. Basil Duke, Prof. W. O. Roberts, Major W. J. Davis, Dr. Wm. Cheatham, Prof. E. R. Palmer, Prof. Jos. M. Mathews, Geo. M. Davie, Esq., Hon. Jas. S. Pirtle, Prof. W. H. Bolling, Prof. Turner Anderson, Dr. Geo. W. Griffiths, Dr. T. P. Satterwhite, Dr. Ap Morgan Vance, Prof. Wm. Bailey, Prof. H. A. Cottell, and W. G. Ochterlony.

The hospitable host presided at board with wonted geniality, and each happy guest adapted himself with grace and zest to his delightful environment.

RESULTS OF TREATMENT OF WEAK INFANTS.—M. Tarnier recently presented to the Académie de Médecine two infants which he had raised in an artificial "*couveruse*," or hatching-machine, which was kept at a temperature of 32° to 37° C. They were fed by introducing into the baby's stomach a sound (No. 16 urethral) which had a small glass funnel attached to it. After many trials, Dr. Tarnier found woman's milk to be the best food. As a rule, eight grams were injected every hour. Later, cow's milk was alternated with the mother's milk. As soon as the milk is introduced into the stomach the sound must be withdrawn, or vomiting will follow. Both these children were born before term, one before the seventh month and one about the sixth month.—*Philadelphia Medical Times*.

APOMORPHINE AS A LOCAL ANESTHETIC.—Therapeutic Gazette says that Ludwig and Burgmeister, after experimenting with this agent, have come to the following conclusions: (1) Apomorphine renders the conjunctiva and cornea anesthetic within ten minutes after the instillation of six to twelve drops of a ten-per-cent solution. (2) It is painful and irritating. (3) It produces moderate mydriasis, and marked nausea. (4) It causes kerosis. If it were possible to obviate these untoward effects, the drug would be likely to receive a direct therapeutic consideration not unlike cocaine.

LACTIC-ACID TREATMENT OF TUBERCULOUS DEPOSITS.—Dr. H. Krause (*Berliner Klin. Wochenschrift*) highly recommends the application of lactic acid to the laryngeal ulceration and swelling caused by tuberculous deposit. He begins with a ten-per-cent solution, and rapidly increases it to eighty per cent. A number of cases are reported in which the ulceration was completely cured by these applications, notwithstanding the presence of tubercle-bacilli. In view of the unfavorable course which such cases generally pursue and the failure of all other treatment, the author thinks this is a decided step in advance. He also believes that lactic acid will be found useful in other disorders of the throat.—*Medical Times*.

ULCERATION OF THE VOCAL CORDS.—At a recent meeting of the New York Pathological Society Dr. Van Santvoord presented a larynx in which the vocal cords had become markedly ulcerated during the course of measles. The child suffered from a pharyngitis and broncho-pneumonia, developing in the course of the exanthematous disease. While he had not made it a custom to examine the vocal cords in children dying during the course of measles unless there were symptoms pointing specially to disease of them, he had not supposed that ulceration of the cords was common. He was therefore surprised to learn, on studying the literature of the subject, that this complication is very frequent.

CITRIC ACID IN THE EXTIRPATION OF MALIGNANT TUMORS.—Dr. C. M. Fenn, in *Journal A. M. A.*, recommends the extirpation of doubtful and malignant tumors by hypodermic injections of citric acid; about half a dram of a saturated solution is injected into the infiltrated tissue around the growth. This is repeated at different points around the growth, at intervals of a few days. He reports two cases of epitheloma and one of scirrhous of the breast, treated in this way with success in the first two, and improvement in the latter.

TEACHER: "So you can't do a simple sum in arithmetic. Now let me explain it to you. Suppose eight of you divide equally among you forty apples, thirty-two peaches, and sixteen melons, what will each one of you get?"

"Cholerer Morgus," replied little Johnny Fizzletop, who is addicted to that malady.

INFORMATION WANTED.—Dr. J. G. Carpenter requests, of any physician who has done the operation of nerve stretching, and reported the case, a copy of the article. If the case has not been reported, available notes will be thankfully received.

THE ninth annual meeting of the American Dermatological Association was held at the Indian Harbor Hotel, Greenwich, Conn., on August 26th, 27th, and 28th, Dr. W. A. Hardaway, of St. Louis, presiding.

SALICYLIC ACID SUET FOR SWEATING FEET.—Salicylic acid suet, composed of two parts of salicylic acid to one hundred parts of best mutton suet, is highly recommended by the German army surgeons in the treatment of extreme sweating of the feet.

BUTTERMILK TO ALLAY VOMITING.—Dr. J. H. Owings (*Maryland Medical Journal*) speaks highly of buttermilk in vomiting, especially in the severe cases that often follow a debauch.

PROFESSOR SCHLAGER, a distinguished German Alienist, died on July 24th, in his fifty-seventh year.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from August 15, 1885, to August 22, 1885:

Wolverton, W. D., Major and Surgeon, granted leave of absence for twenty days. (Washington B'ks, D. C.) (S. O. 171, Dep't of the East, August 14, 1885.) *Mans, L. M.*, Captain and Assistant Surgeon; in addition to his other duties assigned to duty as Attending Surgeon of the Department of Rifle Camp. (S. O. 83, Dep't of Dakota, August 3, 1885.) *Black, C. S.*, First Lieutenant and Assistant Surgeon; upon return of troops F. and L., 3d Cavalry, to Fort Davis, Tex., to rejoin his proper station, Fort Clark, Tex. (S. O. 98, Dep't of Texas, August 13, 1885.) *McCaw, W. D.*, First Lieutenant and Assistant Surgeon, having reported back at these headquarters from detached service, ordered to rejoin his proper station, Fort Lyon, Col. (S. O. 122, Dep't of Missouri, August 17, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended August 22, 1885:

Bailhache, P. H., Surgeon, granted thirty days leave of absence. August 15, 1885. Chairman of Board to examine candidates for appointment as Cadet in the Revenue-Marine Service. August 19, 1885. *Irwin, Fairfax*, Passed Assistant Surgeon. Recorder of Board. August 19, 1885.

The Louisville Medical News.

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J. MORRISON RAY, M.D., - - Assistant Editor.

COLLABORATORS:

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INTERNATIONAL MEDICAL CONGRESS.

The American Medical Association's new Committee on Rules and Preliminary Organization of the International Medical Congress of 1887, will meet by special call for the transaction of important business in New York on the 3d of September.

The importance of this meeting can not be overstated, since it involves nothing less than the fate of the Congress and the good name of American medicine abroad. For in spite of the large boasting of the new committee's supporters, that the recent numerous withdrawals of eminent men from among its appointees would not make against the successful meeting and working of the Congress, it is certain that the wise and far-seeing of the committee must own a serious loss of strength and perceive that, as it is now proposed to be organized, the Congress will be a sorry failure, if, indeed, it be not kept from coming to this country.

It is time to call a halt to controversy. Let the attending physicians take further counsel, and ascertain if there be any sign of life in this object of deep professional solicitude. If so much as a spark remain, let it be duly fanned and fed; but if, as

seems more probable, decomposition is already far advanced, the sooner the remains are given decent burial and the premises disinfected the better for those whose blundering treatment killed their precious charge.

CHOLERA RAMPANT.

It is evident from the daily press reports, that cholera is making its devastating march through Spain without hygienic let or hindrance, and that signs of its abatement will appear only when the dead are numbered, and the susceptibility of the living is exhausted. Since our last report, which gave for the 11th instant 3,510 new cases, with 1,343 deaths, the disease has added largely to the number of its victims, there being reported for the 24th instant 5,919 new cases, and 1,950 deaths. Six or seven thousand new cases daily, with a death record of from two to three thousand, may be looked for in the near future.

Accompanying this terrible spectacle of suffering and death, are the horrific circumstances of bad government, ignorance, superstition, and that ever-lengthening train of ills which finds recruits through the violation of every sanitary law. In some of the towns anarchy reigns, the people being given over to plague and pillage. The physicians are dead, and the authorities are either dead or fled in others, while the sick languish without help, and the dying die unattended, their bodies rotting unburied beneath a tropic sun, and adding filth and fetor to the overburdened air.

It is said that the terrible scenes which accompanied the march of the Black Death through Europe in the 14th century are finding repetition in this fair land.

In France the scourge is increasing in sweep and fatality. Marseilles reports a general panic, and from 50 to 100 deaths daily; Toulon follows with 25 or 30 deaths for the twenty-four hours, while the French squadron anchored in her harbor is now under pestilential attack. Many of the

towns and villages in the Department of the Rhone, with Lancon, Graus, St. Chamas, Istres, Marignane, Aix, and Arles are invaded and adding each its quota to the daily record of death.

Italy, England, The Netherlands, and Germany, if not all Europe, are in imminent danger of invasion, and if they are not putting their trust in something better than coast quarantine and sanitary cordons, they will have to pay the fatal penalty.

The reported appearance of cholera in Italy seems not to be confirmed, and no spread of the disease has resulted from the case recently imported into Bristol, England, while the well-circulated rumors of its having appeared in one or more of our quarantine stations, etc., are without foundation in fact.

In the opinion of some of our wise and far-seeing contemporaries (the Philadelphia Medical News, for instance), the attitude of the scourge is dangerous to this country, but there is still good reason to hope that its expected visitation will be deferred until the coming year.

This is comforting, and may be taken to heart for what it is worth, so we fail not to keep clean in person and environment; but it will be a marvel if cholera does not, during the next two months, slip through the United States quarantine lines and cut some antics inland, and a miracle if it fails to make good its landing and reputation for fatal work in the ill-kept and unguarded West Indies, from which its transplantation into our southern coast States would be a grim probability if not a foregone conclusion.

Bibliography.

Seventeenth Annual Report of the President of the Inebriates Home, Fort Hamilton, N. Y., for the year 1884.

Pruritic Rhinitis, Hay-fever, Autumnal catarrh, etc., its medical and surgical treatment, with eight illustrations. By Thomas F. Rumbold, M. D., Fellow of the Amer-

ican Rhinological Association, Member of the St. Louis Medical Society, etc. St. Louis: Medical Journal Publishing Company, 2,622 Washington Avenue. 1885.

Proceedings of the Alumni Society of the Medical Department of the University of Pennsylvania for 1885; with the annual address, by Eugene Grissom, M. D., delivered March 24, 1885.

Transactions of the Louisiana State Medical Society at its seventh annual session, held at New Orleans, Louisiana, April 21, 22, and 23, 1885. New Orleans: L. Grohan & Son, Printers, 99 and 101 Gravier St. 1885.

An Address on Cholera Infantum. By Wm. Perry Watson, A. M., M. D., Jersey City, N. J., Assistant to Chair of Diseases of Children, New York Polyclinic. Reprinted from Archives of Pediatrics, August 1, 1885.

Duty of the State toward the Medical Profession. An address delivered before the Medical Alumni Association of the University of Michigan, Wednesday, June 24, 1885. By Conrad George, M. D. Ann Arbor, Michigan: Reprinted from the Physician and Surgeon, July, 1885.

Pharmaceutical.

Conducted by Simon Flexner, Ph. G.

CHLORIDE ZINC.—Specialists who use this chemical are frequently annoyed by a seeming insoluble flocculent precipitate which separates when they seek to dissolve it. The nature of this precipitate and the best means of treating it so as to render it soluble and prevent a loss of a part of the chemical and a consequent weakening of the solution are frequently overlooked.

Chloride of zinc is a perfectly stable compound when in solution, but when it is evaporated to dryness it parts with a portion of its chlorine, and absorbs a corresponding amount of oxygen. The resulting compound is an indefinite mixture of chloride with oxychloride of zinc—a soluble part and an insoluble part. On treating this compound with water the chloride dissolves while the oxychloride separates. This insoluble part, the precipitate above mentioned, is quickly converted into the normal chloride by the addition of the requisite quantity of hydrochloric-acid. As a rule a very small quantity of acid suffices, as but

little of the chloride is converted into the oxychloride. It is a mistake to filter the clear liquid from the precipitate. Solution should always be effected as above.

THALLINE.—The new chinoline derivative, thalline, is coming in for its part of attention. It is recommended as a substitute for antipyrin and kairine. Its advantages over these bodies, the first in particular, are not given. It has been used as an antipyretic in phthisis, peritonitis, pneumonia, erysipelas, migraine, puerperal fever, etc., and according to recent reports with very flattering success. Its chemical name is a monstrosity—tetrapara-hydrochinonisal—which, being impracticable, is replaced by the more modest thalline. The latter is derived from its property of becoming green when treated with oxidizing agents. It is recommended to administer it to children in a mixture of water and syrup of raspberries. Its dose is from four to eight grains.

STRONG LIQUID PEPSIN.—According to C. Sundberg, a solution of pepsin, prepared directly from the glands by first eliminating the albumen and precipitating with ammonia and dialyzing to free from calcium phosphate produced in the process, is very much more active than the pepsin as originally present. From his observations it would appear that the pepsin is a modification of albumen. The pepsin present in the dialyzed liquid is precipitable only by absolute alcohol.

NAPHTHOL AS AN ANTISEPTIC.—From a few experiments reported in the American Druggist, it follows that as far as tested naphthol has very marked preservative qualities. Beef tea remained unaltered for one month when treated with it in quantities of 3 parts to 5000. In partially putrefied beef lung the decomposition was arrested and the putrefactive odor removed by a solution containing one part of naphthol to 500 of water.

MR. J. ERIC ERICHSEN is a candidate for the representation of the universities of Edinburgh and St. Andrews in Parliament.

DR. WARBURG, whose name is identified with the famous "tincture," is said to be in destitute circumstances at the age of eighty-one years.

Selections.

DR. ROBERTS ON PANCREATIC DIGESTION.—The British Medical Association was fortunate in securing the services of so eminently practical a pharmacologist as Dr. William Roberts, of Manchester, to deliver the Address in Therapeutics at Cardiff this year. Dr. Roberts has succeeded in establishing for himself a world-wide reputation, not only as a physiologist, but as a clinical teacher, and his work always commands attention and interest. His Lumleian Lectures on the Digestive Ferments, delivered before the Royal College of Physicians of London in 1880, are usually regarded as a type of good scientific work. His address before the Association on the Feeding of the Sick, although more restricted in its scope, has been even more widely read, and has excited much comment, both in the medical and the general press. We are glad to find that Dr. Roberts intends publishing, shortly, the results of the experiments on which he has been long engaged respecting the influence of salivary and peptic digestion on the "accessories," alcoholic beverages, tea, coffee, cocoa, etc., which are universally employed in one form or another as food. This is an inquiry of an eminently practical nature, the importance of which it would be difficult to overestimate. It is clearly a subject closely affecting the welfare of our patients, and one which must of necessity daily occupy the attention of every physician. Observations of this class, fortunately, do not necessitate the employment of expensive apparatus, and can be carried out almost as well in the consulting room as in the physiological laboratory. We believe that every medical man would do well to make a point of testing for himself the activity of the digestive ferments which he is in the habit of prescribing. It is a subject which will probably occupy the attention of the Collective Investigation Committee at no distant date. Dr. Roberts speaks of having recently had placed at his disposal a preparation, free from taste and smell, consisting of the pancreatic enzymes in a highly purified state. It is not hygroscopic, and may be kept unchanged for an indefinite period, freely exposed to the air. A substance of this nature in the form of a white powder was prepared some years ago by Fairchild, the American chemist, and has already been extensively used in this country. The pancreatic juice,

as is now well known, consists of four ferments: trypsin, which changes proteids into peptones in alkaline and neutral media; a curdling ferment which curdles the casein of milk; the pancreatic diastase, which acts like extract of malt, changing starch into sugar and dextrine; and an emulsive ferment which emulsifies and partially saponifies fats. There can be no doubt that, as a digestive agent, extract of pancreas is vastly superior to any preparation made from gastric juice. "The pancreas," says Dr. Roberts, "excels the stomach as a digestive organ, in that it has power to digest the two great alimentary principles, starch and proteids, and an extract of the gland is possessed of similar endowments." There can be no doubt that a series of carefully reported cases of different diseases treated by the pancreatic method of predigestion is a desideratum. It has proved useful in many hands in uremic vomiting, gastric catarrh, pernicious anemia, gastric ulcer, and pyloric and intestinal obstruction. Its introduction has probably done more than any other therapeutic measure of recent times to lessen infant mortality.—*British Medical Journal*.

INTERNAL SPINA-BIFIDA.—Dr. Thomas was consulted by a married lady, aged twenty-eight, two years married, but sterile. She complained of nothing but pain in sacral region, and sense of weight. On examination he found a sac filled with fluid, occupying the cavity of the sacrum, and pushing the rectum aside slightly, but in no way occasioning serious inconvenience. He believed the failure to conceive was due, not to the pressure of this tumor but to a congenital sharp anteflexion, and advised non-interference. The case stumped the doctor—he didn't know what to make of it—though he examined the case repeatedly, at intervals, for two years, when he lost sight of it. Some time afterward he was consulted by a beautiful girl, nineteen years of age, who appeared to be perfectly healthy, but who suffered from dysmenorrhea. She was engaged to be married and she and her mother were anxious to have any impediment removed that might be in the way, and hence the consultation. Dr. Thomas found a sac filled with fluid, situated in the curvature of the sacrum, and impinging on the vaginal canal to such an extent as to almost completely occlude it, and this, the doctor thought, was the cause of her dysmenorrhea. He strongly advised non-interference, stating that in view of the obscurity

of the case radical measures were not justified. Mother and daughter insisted, and finally the doctor consented to compromise—he would aspirate the sac. He did so with the smallest-sized Dieulafoy's needle, drawing off eight ounces of perfectly limpid non-albuminous fluid, which was submitted to Dr. Garrigues for examination. Dr. Garrigues declined to give an opinion of the nature or source of the fluid. The effect of this operation was alarming; the girl was thrown into violent fever with headache, which lasted several days. This was attributed to the "thief in the community," malaria, and treated with quinine and morphia hypodermically. Some six months afterward, the patient and her mother called again: the sac had refilled, and they renewed their importunities for an operation. Dr. Thomas was strongly impressed with the impropriety of any operation, especially in view of what has just been related, and was possessed, he says, of a strange feeling of dread and fear. However, he yielded. He would open the sac, and establish drainage. With proper assistance, patient in lithotomy position and anesthetized, Dr. Thomas made an incision into the sac and stitched the edges to the vaginal opening. There was discharged about half a pint of the same clear fluid, resembling hysterical urine. In five hours, at 5 P.M., she was seen by Dr. DuBois, one of the assistants; severe headache and marked tendency to hysteria. In the morning, headache more severe, pulse 110, temperature 102. In the evening, symptoms same, with a peculiarly wild and maniacal expression. Still the doctor did not suspect the real nature of the case. Next morning all symptoms were favorable, but in the afternoon the physician was summoned in haste to see her. Found her in a condition bordering on hysterical mania, with a pulse of 120 and temperature 104, with strong tendency to opisthotonos, and showing marked signs of incipient tetanus. "Now," says the doctor, "there suddenly flashed across my mind the full recognition of the case; an exactly similar one, which had occurred to Dr. Emmet in the Woman's Hospital, came back to my memory, from which, until now, it had been entirely effaced; and, as if a curtain had been lifted, I saw clearly what had, until this moment been so obscure. I had opened a sac formed by the meninges of the cord, which projected through an imperfection in the sacrum, into the pelvic cavity. The membranes of brain

and cord were deprived of the rachidian fluid, and the consequences were before me! I at once collected my assistants and anesthetized the patient with chloroform, and sewed up the opening in the sac. . . . Whether from chloroform narcosis or not I can not say, but for some hours after this the patient markedly improved, and I had great hopes that I had retraced my unfortunate steps in time; but about twelve hours after the closure of the sac the heart suddenly failed, opisthotonos occurred, the patient shrieked from severity of her cephalalgia—and died!"

In the conclusion of this most interesting record, Dr. Thomas says:

1. "Where a cyst is found in the pelvis, behind the rectum, filling the hollow of the sacrum, apparently attached to that bone, let the diagnostician carefully exclude the possibility of its being spina-bifida before interfering with it.

2. "If it be decided to interfere with such a tumor, let a small portion of the fluid be first drawn by a hypodermic needle, and if this be found to be a limpid, non-albuminous fluid, let the probabilities of the sac being connected with the meninges of the cord receive due consideration, and guard against further interference."—*American Medical Digest*.

ANEURISM OF FEMORAL ARTERY; LIGATURE OF EXTERNAL ILIAC ARTERY: RECOVERY.—H. C. M., age twenty-four, consulted me on the 3d of November, 1884, about a swelling in the right groin; he had noticed it only a short time, and had no pain in it. Being a member of the dramatic profession, he had been traveling about the country. He had taken advice about it, and was told that it was an abscess, and was directed to poultice it. He is very tall and thin; has had good health, with the exception of syphilis, which he has contracted twice, and for which he was treated with mercury for a long time; he is highly nervous and sensitive; his family history is good, but with a strong taint of gout. When I first saw him on November 3, 1884, he had a swelling, about the size of a small walnut, in the right groin; it pulsed strongly, had a thrill in it, and a loud rasping *bruit*; it expanded, and pressure over the external iliac artery stopped the pulsation and diminished the swelling, which filled again immediately the pressure was removed; he had no pain, and was only annoyed by the constant beating.

I diagnosed aneurism of the femoral artery close up to Poupart's ligament, and advised him to give up all his engagements and remain at home for rest and treatment. I next saw him on November 15, 1884, when I found the aneurism notably increased in size, and, after a fruitless attempt to control the circulation by the use of Signoroni's tourniquet, it was discontinued, in consequence of inability to bear the pressure. He now began to have pain of a neuralgic character, preventing sleep, and making him roll about in agony, which was only controlled by hypodermic injections of morphia, repeated at frequent intervals. He had taken iodide and bromide of potassium, quinine, digitalis, and belladonna, without any benefit. The aneurism had now increased to the size of a large plum, and the pain from the pressure of it was intense; there was some edema of the foot and ankle; the pulsation and *bruit* were strong and loud, and extended somewhat under Poupart's ligament, and it was evident that nothing but ligature of the external iliac artery was likely to afford him relief. The application of belladonna-liniment and ice gave him temporary ease.

After a consultation with my friends, Mr. Hatherly and Mr. Littlewood, I proceeded to operate on December 14, 1884. The bowels were previously emptied by two large enemata; and while he was under chloroform, I made an incision three inches long, a little above Poupart's ligament, from the inner margin of the abdominal ring slightly curved outward and toward the anterior superior spine of the ilium; the muscles and fascia were divided on a director, and the artery was easily felt, and seen pulsating at the bottom of the wound, the sheath was opened, and a ligature of ox-aorta passed round the artery. The ligature broke, and I then used one of prepared kangaroo-tendon, which answered well. The branch of the crural nerve was seen and carefully excluded; the peritoneum was not wounded. There was very little hemorrhage; all pulsation in the aneurism ceased. The edges of the wound were brought together with carbolized catgut, and a catgut drain was put into the inner angle of the wound, which was covered simply with Gamgee's antiseptic gauze. The leg was wrapped in flannel, and hot water-bottles kept to the foot. Slight pulsation returned on the second day, which, however, soon subsided. For ten days it was absolutely necessary to keep the patient

under the influence of morphia (by hypodermic injection); he was in a state of delirium the whole time. He took nearly six pints of milk, and two tins of Brand's essence of beef, daily. His pulse never exceeded 108, and his temperature averaged 99.3° , and never rose above 101° , which it reached on the third day. The circulation was re-established about the end of forty-eight hours. Pain ceased from the time of the operation. The sutures and drain were absorbed at the end of fourteen days, and the wound healed, except about a quarter of an inch in the center; the amount of discharge daily was very small, but continued up to January 17, 1885. The bowels were relieved by the enema at the end of the second week, and then daily. He was moved on to a sofa at the end of a month. The aneurism has now diminished in size and is firm.

On February 9th, the patient had progressed well; he had no pain; he had been out, and could walk about with very little inconvenience.—*Joseph Thompson, in the British Medical Journal.*

ESOPHAGOTOMY.—Dr. George Lawson reports the following successful case in Medical Press and Circular:

The patient, a milkwoman, aged fifty-five, was admitted into Queen Ward, Middlesex Hospital, on January 14, 1885, having about half an hour previously swallowed a vulcanite plate with three artificial teeth. On examination externally something hard could be felt in the esophagus about the level of the cricoid cartilage by deep pressure with the finger on the left side of the neck. Mr. Lawson endeavored to remove the foreign body with a pair of long curved esophagus forceps, but although he could feel the plate, yet he could not grasp it, so he decided at once to open the esophagus. This he did through an incision about three inches in length along the lower prominent border of the sterno-mastoid muscle. The sterno-mastoid and the omo-hyoid with the investing sheaths were drawn outward, while his colleague, Mr. Gould, drew the trachea in the opposite direction, and with his fingers on the right side of the neck pressed the esophagus toward the incision. The esophagus was now visible, and the plate could be easily felt with the fingers. A vertical incision was then made in the esophagus on to the plate, which was seized with a pair of forceps, but it was so firmly fixed into the wall of the esophagus by the clips which

had held it to the neighboring teeth that it could not readily be extracted through the incision. Mr. Lawson then slightly enlarged the opening, and, having first divided the plate with a pair of bone forceps, removed it in two portions. In the operation one of the thyroid arteries was divided and bled rather freely. No sutures were put into the esophagus, as, owing to the wound in its being somewhat lacerated from the drawing through it such a sharp irregular body, Mr. Lawson thought that the parts would fall together better than he could adjust them. The superficial wound was then partially closed with sutures and covered with boracic lint charpie, over which was placed carbolic gauze and oil-silk. The patient was ordered to be fed with nutrient enemata and Slinger's nutrient meat suppositories. No food was to be taken by the mouth, but from time to time the lips and tongue might be sponged with ice-water to allay thirst. On the following morning the wound was dressed, and there was found to be a very free discharge of saliva and mucus through the wound. The patient was fed solely by the bowel for the first four days, but feeling then very much exhausted she was allowed to take in addition some of Brand's essence of meat, but a large portion of what was taken by the mouth escaped through the wound. On the 19th, the fifth day after the operation, some redness appeared around the wound, and this increased for two or three days. This was followed by an offensive discharge, with some sloughs of cellular tissue. On the 20th, the seventh day after the operation, as much of the fluid taken by the mouth continued to escape by the wound, Mr. Lawson introduced an esophagus-tube with a funnel-shaped extremity which projected about six inches from the mouth. This was kept in, and through it the patient was regularly fed. The tube was worn until February 8th, when, as the wound in the esophagus was apparently closed, it was removed. During this period the tube was changed about every four or five days for purposes of cleanliness. For about a fortnight after the patient ceased to wear the tube it was introduced four or five times during the twenty-four hours for administering food, as the external wound had not completely cicatrized. On February 22d the external wound was healed, and the patient since then has been able to take her food as usual. She has left the hospital and is now quite well.

EMMET'S OPERATION.—Dr. E. G. Zinke, of Cincinnati, read a paper before the American Medical Association, at New Orleans, on Emmet's Operation: When shall it, and when shall it not be performed? In attempting to solve this question he obtained the views of a number of prominent American and foreign gynecologists. From a study of their opinions and his own observations he arrives at the following conclusions:

1. It is evident that the operation has been performed unnecessarily for symptoms similar to, but other than those arising from lacerations of the cervix; further, that it has been done imperfectly, even without preliminary treatment, in many more; and the failure to give relief, as reported by several, is due to these two causes.

2. That from our present knowledge we can not at this time arrive at any definite conclusion, from the fact that many of the so-called consequences of laceration of the cervix uteri are not settled beyond doubt.

3. That every one engaged in this department should carefully select his cases, and try every known means to give relief before recourse is had to operation.

4. The operation should never be performed *eo ipso* in cases of simple fissures or lacerations of first and second degree.

5. In cases of eversion and disease of the cervical and corporeal cavity, or both, although attended by hyperplasia and displacement, it has sometimes been observed that all the symptoms abated, that all the parts return to their natural condition, and that no laceration was discoverable after the employment of alleviative measures alone.

6. That there are some cases of extensive lacerations of the cervix that seldom give rise to any inconvenience, and that, therefore an operation should be deferred until symptoms arise that will call for its performance.

7. The operation, although indicated, should never be performed until, by preparatory treatment, the parts have been brought as far as possible into a healthy condition.

8. Near, and during, the climacteric period, the operation should be postponed as long as possible, and the patient not be exposed to any risks, since in many cases all the symptoms subside under proper treatment and never return, on account of senile involution.

9. The operation is justifiable in cases

of lacerations of the third and fourth degree, without complications, if there is a history of malignant disease in the family.

10. The operation may be performed with perfect propriety in young women as a preventive, if the laceration is bilateral and extends up to the cervico-vaginal junction or beyond it, even though there are no pathological changes; indeed, it seems to be the duty of every one who observes a lesion to that extent to urge an operation.

11. The operation is justifiable in any degree of laceration, and in rare instances, even in fissures, when there exists cicatricial tissue productive of reflex disturbances, annoying in character, and not tractable under any other treatment.

12. The operation is absolutely indicated in all extensive tears of the os, in which the cervix is everted, its mucous membrane and nabothian follicles diseased, and especially if there be granular or cystic degeneration present, provided the parts have first been restored to a healthy condition by palliative treatment.—*Exchange*.

PYRIDINE IN ASTHMA.—The Paris correspondent of the British Medical Journal says that Dr. Germain Sée, in a communication to the Académie des Sciences on pyridine, states that neither subcutaneous injections of pyridine salts, nor smoking cigarettes of pure pyridine, offered the same advantages in asthma as the practice of administering it by inhalation. Four or five grams are poured on to a plate, which is placed in a close room containing rather less than twenty-five cubic meters of air. The patient in the room breathes the air impregnated with pyridine. This treatment should be repeated for about twenty minutes, three times a day. Pyridine can be traced in the urine almost immediately after the commencement of an inhalation. According to Dr. Germain Sée, hypodermic injection and pyridine cigarettes provoke nervous disturbance. Inhalation produces a beneficial effect; the feeling of oppression common among asthmatic patients being relieved, breathing becomes easier, and they have no longer the characteristic intense longing for fresh air. The sensibility of the pneumogastric nerve and the excitability of the medulla are considerably diminished, and the heart's action becomes normal. It frequently happens that the patients fall asleep after the inhalations. This sleep is almost normal and is not accom-

panied by profound insensibility, and is therefore different from that provoked by anesthetics. While it lasts, sensations followed by reflex phenomena are provoked with difficulty, although contractile energy is maintained. The administration of pyridine is not followed either by paralysis, convulsions, or tremors; but the muscles are relaxed, and temporarily lose their tonicity, in consequence of the lessened sensibility of the medulla oblongata and spinal cord. This modification of reflex sensibility is the especial characteristic of pyridine, as distinguished from substances like nicotine and atropine. All the patients to whom Dr. Sée administered pyridine had quiet nights, though previously tormented with violent fits of coughing and intense oppression. The physical pulmonary symptoms all showed improvement. Pyridine does not affect the general health. When the suffocating asthmatic fits reappear after inhalations for nine or ten days, Dr. Sée recommends the administration of iodides. He has treated fourteen patients, nine of whom were asthmatic, and five subject to cardiac disease; they were all relieved. One patient had suffered from asthma for twelve years; he was greatly relieved by the treatment with pyridine, but it was discontinued in consequence of troublesome attacks of vertigo and sickness. The asthmatic patients who presented cardiac and renal complications declared that respiration was much eased by the inhalations. Dr. Sée concludes that pyridine is preferable to hypodermic injection of morphia, its action being preferable and less dangerous.

CLEANSING OF GREAT CITIES.—It should not be without interest to some of the not-too-clean cities of America if we give some details of a novel project in Paris. Under Napoleon III gigantic works were carried out here that greatly improved the sanitary condition of this city. Among the works was the plan carried out of directing the sewage out to Gennevilliers, to be used for irrigation purposes. Lately it was proposed to continue and extend this system, and to do away with cesspools by allowing *all* to go into the sewers and then direct it out to large plots of ground in the forest of St. Germain and to the plains below Créteil. At present the system is divided. More than three-quarters of Paris houses have cesspools which are emptied by the odorless method with steam pumps; the other quarter of Paris, the newer houses, have the *tinette* system.

These tinettes are large zinc receivers, about six feet high by two feet in diameter, round in shape, that are placed in the cellar under the pipes coming from the water-closets. The pipes empty into the tinettes, and these last have a pipe, allowing the liquid parts to run off into the sewers and retaining the solid matter. Carts come in daytime, detach the full tinette, and put an empty one in its place. This causes no smell, and is the best system so far invented.

This tinette system works so well that efforts have been made to pass a law to make all owners use it; but a slight calculation showed that it would require too many carts. Dr. Brouardel said it would take as many horses and carts to carry the tinettes and change them at each house weekly as there were omnibuses and horses in Paris, a procession of these carts, for instance, like all the street-cars of Philadelphia, and going about as often.

To return to the project of placing these matters on ground near the city. The engineers maintain that the earth would purify everything. They forgot, however, that hygienic science has undergone a great revolution in these late years. M. Pasteur and his disciples have demonstrated that endemic and epidemic maladies are caused by germs, some of which have been found to live at least twelve years underground; also that the germs of typhoid fever and cholera, at least, are contained in alvine matter. The question then arises whether the vegetables grown in fields thus saturated with an infectious liquid would not be contaminated, and is there not danger of pollution of wells and springs by filtration through the subterranean sheet of water?

The only remedy suggested by these facts is to remove the fecal matter from the houses by a special system of canalization to some distance beyond the city, and there have it *treated at a heat of 150° C., so as to destroy all microbes*. This plan is now recognized as the safest. Erect great furnaces and burn it all. After this complete disinfection, night-soil would still be useful for agricultural purposes.—*Paris Letter to Philadelphia Medical Times*.

A NEW MYDRIATIC ALKALOID.—M. Crouzel has isolated a body having all the properties of an alkaloid from the mandrake (*Mandragora officinalis*). This body forms a sulphate which is crystalline. A solution of this salt was found to have marked mydriatic effects on the eye of a rabbit.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, SEPTEMBER 5, 1885.

Original.

A DEATH FROM PUERPERAL SEPTI-
CEMIA.*

BY E. S. M'KEE, M. D.

Mrs. S., aged twenty-one years, German-American, stature slightly below medium, and of nervous temperament, married two years, a primipara, previous history good.

After a day of unusual exercise the liquor amnii escaped at 9 P. M. March 19th, last, three days before confinement was expected. I found the patient nervous and excited, but with nothing which one could dignify as labor-pains. Palpation revealed the position a vertex of the first.

Auscultation found the fetal heart in the left hypogastric region, pulsating 132 times per minute, and strong. Examination per vaginam found the os barely large enough to admit the index finger and touch the child's head.

I told the patient that she was in for a siege, not to be frightened but to go to sleep.

Saw her again at 9:30 the following morning. She had slept but little, and had had nagging pains all night. Vaginal examination found the cervix hard and unyielding with no perceptible dilatation. Ordered hydrate of chloral, ten grains every four hours.

Called again at 3 P. M., found the patient *in statu quo*; again at 5 P. M., found patient had obtained a nice rest from the chloral, with no perceptible difference in the size of the os. At 7 found condition the same as at 5. At 11 P. M. found the os the size of a half dollar; fetal heart regular and distinct; pains taking on a better character. Tried to assist dilatation with the finger inside the cervix, but with little success. Patient was very sensitive, and loud in her complaints.

Then the husband, a beardless youth of diminutive stature, would assume a stage attitude, pathetically beg the doctor to desist, and, throwing himself on his knees beside his wife, beg her to hit him for causing her so much trouble, both swearing and promising that they would never have another baby. Ordered chloral hydrate to be discontinued.

The pains became more regular and stronger; the fetal heart remained but little if any fainter, and at 3 A. M. the first stage was completed. Expulsion was now carried on rapidly. When the head became visible I supported the perineum, and at 4 A. M. a healthy male child was delivered. The cord was tied as soon as it ceased to pulsate, and the child turned over to the nurse. A dram of the fluid extract of ergot was given as a safety measure. The uterus was contracting nicely, and had been ever since the delivery of the child. Ten minutes after the birth the placenta was expelled by manual expression. Examination showed it to be whole. There were no extensive lacerations. The hand made compression on the uterus for an hour except on three brief occasions, viz., to tie the cord, administer the ergot, and apply the bandage.

At 5 A. M. the patient was left feeling very well. Called that evening and found the same state of affairs.

Second day, same. Child having taken the breast well.

Third day. Found a temperature of 102° and insomnia. Ordered quinia and morphia, three grains former, one eighth grain latter, every three hours.

Fourth day. Found temperature 101.2° ; as yet no passage from the bowels. \mathfrak{Zss} castor-oil had been given both this morning and the morning previous. Ordered rectal injection, and continued quinine and morphia.

Fifth day. Found temperature 100.8° .

*Read before the Drake Medical Society, of Cincinnati.

Slight tenderness in left hypogastric region. Found that patient had not yet had a stool, the amount of water injected having been too small. The nurse had desisted on the patient's complaining of pain. Ordered a pint of water injected and the quinine and morphine continued.

Sixth day. Was called at 4 A. M. in great haste, and asked Dr. J. C. McMechan to see the case with me. We found the patient vomiting frightfully; temperature 101° , pulse 140, respirations 35, abdomen swollen, tympanitic, and very painful on pressure; slightly fetid odor emitting from the vagina. By physical examination vagina appeared to be hot and swollen; apparent hardening behind the uterus, which was movable. Gave one fourth grain morphia hypodermically and vaginal injections of carbolyzed water. In a few moments the patient had a stool, the first in seven days.

Saw the patient again at 9:30 A. M. Found the vomiting slightly abated, tympanites increased, respiration rapid and difficult, rendered more so from an existing bronchitis. Repeated the vaginal injection. Evacuated the bladder with the catheter, and gave another one fourth of a grain of morphine hypodermically.

Saw patient at 3 P. M., and found her in an unconscious and dying condition. At 4 P. M. the undertaker's wagon stood at her door.

This case is not reported for its uniqueness, but for the following reasons:

1. Because so few physicians have the courage to report their fatal cases. Hence the unreliability of statistics. "Figures won't lie" any where but in medicine.

2. To state that this was the last case in which I omitted to employ a so-called measure of "meddlesome midwifery," the routine vaginal antiseptic injection.

The case was extensively discussed by Drs. Krouse, Clark, Christopher, Schwab, Lyle, Scott, Fackler, Wilfert and E. W. Mitchell.

CINCINNATI.

JAMBOE IN DIABETES MELLITUS.—Dr. C. E. Clacius reports, in the Chicago Medical Journal and Examiner, four cases of diabetes mellitus, in which the administration of syzygium jambolanum (jamboe) produced a marked diminution in the amount of sugar excreted. The powdered fruit stones are to be given in five-grain doses three or four times a day.

PRECOCIOUS MENSTRUATION.

JOHN G. CECIL, B. S., M. D.

It is quite common to observe evidences of functional activity in the mammary glands of new-born infants. Such activity usually subsides after slight inflammatory action, but a case recently noticed by the writer went on to suppuration, forming a small mammary abscess, which was lanced and went through the regular stages of like troubles in adults, finally recovering.

More rarely menstrual disturbances occur during the period of early infancy. The following case is of more than ordinary interest, being the youngest case on record:

A child was born in Louisville City Hospital during the service of the writer, on the 13th of April, 1885. The mother was scrofulous; the child well formed and healthy, weighing seven pounds; on the sixth day of its life a small quantity of dark grumous blood was noticed on the napkin. The genitals after close examination were found normal in size and appearance. This hemorrhage continued increasing in quantity without change in quality for three days. the fourth day the quantity was much diminished, and on the fifth it ceased entirely, six or eight drams being lost altogether. During the flow there was no inconvenience or disturbance of the health of the infant. It passed the next month without showing any hemorrhage, and died of cholera infantum in the seventh week of its life, no return of the menses having occurred.

Haller observed a case of a young girl, nine years of age, who had menstruated for several years; and others who had become pregnant at nine, ten, and twelve years. Leishman says, "There are numerous cases of premature menstruation on record where it has actually appeared during infancy, and where external appearances and sexual desires of maturity have been manifested at very early age." In a case cited by Carns, a child menstruated at the age of two years, became pregnant at eight, and lived to advanced age. A Dr. Deveer, writing to the *Gazette Medica di Bahia*, records a case of extremely early menstruation. The subject was an infant two years and seven months old, who had menstruated from the age of four months, with the exception of a period of three months during which the menses did not appear. She exhibited symptoms of illness during the period they were absent, which disappeared on the return of

the flow. The child at the date of observation weighed forty pounds. The mammæ were the size of small apples, the mons veneris, the labia majora and minora were well developed and the former covered with hair.

LOUISVILLE, KY.

Miscellany.

THE MISSISSIPPI VALLEY MEDICAL SOCIETY.—The eleventh annual meeting of the Mississippi Valley Medical Society (formerly Tri-State) will be held at Evansville, Indiana, Tuesday, Wednesday, and Thursday, September 8th, 9th, and 10th.

The Society will convene in Evans Hall, Tuesday, September 8th, at 10 A. M.

ORDER OF BUSINESS.

1. Report of Committee of Arrangements, A. M. Owen M. D., chairman.
2. Reading records of last meeting. Appointment of Committee on Credentials continued.
3. Report of Committee on Publication, G. W. Burton, M. D., and H. J. B. Wright, M. D.
4. Report of Treasurer, report of Secretary, reception of Members by invitation.
5. Call for Volunteer Papers.

CHAIRMEN OF SECTIONS.

Surgery, Dr. Wm. A. Byrd, Illinois.
Practice of Medicine and Pathology, Dr. Arch. Dixon, Kentucky.
Gynecology, Dr. George J. Engleman, jr., Missouri.
Obstetrics, Dr. George B. Walker, Indiana.
Therapeutics and Hygiene, Dr. J. F. Hibberd, Indiana.
Legal Medicine, Dr. Jacob Geiger, Missouri.

REGULAR PAPERS.

Cocaine Habit, by Dr. Lewis Bauer, St. Louis, Mo.
Excision of Tibia, by Dr. J. G. Carpenter, Stanford, Ky.
Exploratory Incisions as a Diagnostic Procedure, by Dr. A. W. Johnstone, Danville, Kentucky.
Abdominal Surgery, with Report of Cases, by Dr. Edward Borck, St. Louis, Mo.
Heart Tonics, by Dr. William M. Fuqua, Memphis, Tenn.

Paper, by Dr. J. A. Ochterlony, Louisville, Ky.

State Medicine, by Dr. Pinckney Thompson, Henderson, Ky.

Malarial Hematuria, by Dr. H. T. Dixon, Evansville, Ind.

Intra-cranial Cephelematoma, by Dr. E. S. McKee, Cincinnati, Ohio.

The Personal Endowments of the Physician, by Dr. H. H. Middlekamp, Warrenton, Mo.

The Relation of Mind to Matter, by Dr. Amos Sawyer, Hillsboro, Ill.

Menorrhagia, by Dr. T. S. Galbraith, Seymour, Ind.

Stump-water, by Dr. —, Mitchell, Ind.

Behind the Curtains, by Dr. Incognitus, Indiana.

Pathological Changes in Dysentery, by Dr. J. C. Pearson, Mitchell, Ind.

Three cases of Diseases of the Nervous System, by Special Reference to Diagnosis, by Dr. H. J. B. Wright, Olney, Ills.

Laparotomy, by Dr. T. B. Harvey, Indianapolis, Ind.

Some Errors in Physical Diagnosis, by Dr. Wm. Porter, St. Louis, Mo.

Puerperal Fever and Puerperal Septicemia, by Dr. George B. Walker, Evansville, Indiana.

Biliary Calculi, by Dr. F. S. Newcomer, Indianapolis, Ind.

International Medical Congress—The New and the Old Committee, by a Member of the American Medical Association.

Nasal Stenosis, by Dr. G. V. Woolen, Indianapolis, Ind.

Paper by Dr. Isaac N. Love, St. Louis.

Tetanus, by Dr. W. A. Byrd, Quincy, Ill.

Surgery, by Dr. W. F. Peck, Davenport, Iowa.

Paper by Dr. W. B. Stirman, Owensboro, Kentucky.

Dysentery, by Dr. Andrew Sargent, Hopkinsville, Ky.

Antiseptic Dressing, by Dr. A. M. Hayden, Evansville, Ind.

Cholo-Cystotomy, by Dr. A. C. Bernays, St. Louis, Mo.

Lupus, by Dr. J. B. Cook, Henderson, Kentucky.

Paper by Dr. N. M. Baskett, Moberly, Missouri.

Progress in Medicine, by Dr. Arch. Dixon, Henderson, Ky.

Esophagotomy, with case, by Dr. A. M. Owen, Evansville, Ind.

Paper by Dr. William Geiger, St. Joseph, Missouri.

Difficulties attending Diagnosis and Treatment of Complicated Dislocation of Hip, by Dr. N. F. Schwartz, Canal-Dover, Ohio.

A case of Perineal Section, without a Guide, for Stricture of Urethra, by Dr. J. A. Sutcliffe, Indianapolis, Ind.

Paper by Dr. A. B. Miller, Macon, Mo.

Sore Eyes, by Dr. Charles Knapp, Evansville, Ind.

Paper by Dr. Dudley S. Reynolds, Louisville, Ky.

Typho-Malarial Fever (so-called), by Dr. S. H. Charlton, Seymour, Ind.

Stricture of Urethra, by Dr. D. C. Bryan, Indianapolis, Ind.

Reduced rates have been secured at the St. George Hotel and Sherwood House.

Arrangements for special rates have been made with the following railroads centering here, and their connections as follows: P., D. & E., E. & T. H., E. & I. (straight line), L. E. & St. L. (Air-Line), O. & M. Full fare coming and one third fare returning upon presentation of Secretary's ticket. The L. & N. will give reduced rates by securing certificate from local agents, stating that full fare has been paid coming.

Members are requested to be present at first session, as regular business will begin without delay.

Each session will be called promptly.

Papers are limited by rule to twenty minutes.

Time for discussion will be given after each paper or series of papers.

Authors unavoidably absent will send their papers to the Secretary during the first day of meeting.

All physicians in attendance will, on arrival, apply for certificates of membership, issued by the Secretary.

Committee of Reception: M. Muhlhausen, M. D., B. J. Day, M. D., J. W. Compton, M. D., Charles Knapp, M. D., J. S. Gardner, jr., M. D.

Officers for 1885: President, Dr. F. W. Beard, Vincennes, Ind.; first Vice-President, Dr. A. B. Miller, Missouri; second Vice-President, J. A. Sutcliffe, Indiana; third Vice-President, Dr. E. H. Luckett, Kentucky; Secretary, Dr. G. W. Burton, Mitchell, Ind.; Assistant Secretary, Dr. H. J. B. Wright, Illinois; Treasurer, Dr. A. M. Owen, Evansville, Indiana.

The approaching session promises to be one of unusual interest, and as it is impossible to send programmes to every physician in good standing, it is hoped that members will take upon themselves the trouble of

aiding one of best working medical societies in the country by inviting all the medical-society men to come with them and take an active part in its proceedings. From two to three hundred doctors are expected to be present.

FURTHER DECLINATIONS OF OFFICE IN THE CONGRESS.—Dr. James F. Hibberd, of Richmond, Ind., Vice-President of the Section of Physiology; Dr. J. H. Wythe, of San Francisco, Councillor in the same section; and Henry D. Noyes, Vice-President of the Section of Ophthalmology, withdraw their names from the list of officers of the International Medical Congress as reconstructed by the Chicago committee.

As we go to press the committee convenes in New York. News of its doings will be awaited with anxiety by some, curiosity by more, and mirthful expectancy by most of the profession at large.

MENTHOL AS A LOCAL ANESTHETIC.—Rosenberg (*Berliner klin. Wochenschr.*; *Lancet*) finds that a twenty or thirty-per-cent solution of menthol, which is much cheaper than cocaine, is a useful substitute for the latter as an anesthetic application to mucous surfaces, like those of the nose, the pharynx, and larynx. Although its effect is more evanescent than that of cocaine, it appears somewhat cumulative, for, when repeated, even after a long interval, the later application produces a longer period of anesthesia than the earlier one.—*New York Medical Journal*.

THE MICROBE OF MUMPS.—The foreign correspondent of the *Journal American Medical Association* says that Dr. Ollivier has discovered in the fluids of the body, principally in the blood and urine of patients suffering from the disease, a special form of micrococci. Numerous researches were made on healthy children with negative results, a fact which shows that there is something specific in the disease called mumps.

If any one asks you "What is cocaine?" don't give an evasive reply. Speak up like a man and tell him: "May be its none of your business, but if you really want to know I'll tell you, on the authority of an expert chemist, only don't repeat it to every body. Cocaine is methylbenzomethoxyethyltetrahydropyridinecarboxylate."—*Medical Age*.

DR. J. G. CARPENTER, of Stanford, Ky., will be glad to receive copies of printed reports or other available information from such of our readers as have performed the operation of nerve-stretching.

AT a recent meeting of the King's County Medical Society (New York Medical Journal) Dr. W. A. Northridge read a paper on the Salicylic Acid Treatment of the Intestinal Catarrh of Infancy. In conclusion he states:

1. That in salicylic acid and its derivatives we have most valuable remedies in the treatment of diarrheas, and especially in those occurring among children during "the heated term."

2. That its remedial powers are due, first, to the anti-fermentative powers of the acid acting locally; second, to an alterative effect through the circulation.

3. That it is an efficient substitute for opium in those cases where that drug is contra-indicated.

HYPODERMIC INJECTIONS OF FOWLER'S SOLUTION IN MULTIPLE SARCOMA OF THE SKIN.—Dr. F. C. Shattuck (Boston Medical and Surgical Journal) reports a case of cure of multiple sarcoma of the skin by hypodermic injections of Fowler's solution. The patient, a female, had enjoyed good health previously. Four minims diluted with an equal quantity of water were first given, injected deeply in the thigh once a day. This was increased to six minims. The growth gradually disappeared, and a year afterward no return of it was noticeable.

A WEALTHY Lothario, who was blessed with a beautiful wife, called on a physician of one of our summer watering-places this season to consult him about a severe pain in his back.

"What have you done for it?"

"Applied a belladonna plaster," replied Cræsus.

"Well," said the doctor, "give up the belladonna and stick to the Donna Bella, and you will be cured."

DR. W. W. STYLES, of Essex, Center Vt., says: I used papine in one case where any other form of opium would keep the patient awake, and it, combined with choral per rectum, produced a refreshing sleep. I find also that irritable stomach can tolerate it when I combine with it carbolic acid. It is the thing.

QUADRUPLE PREGNANCY.—Dr. M. Arthur reports, in the Chicago Medical Journal, a case of this kind. The babies weighed twenty-one and a half pounds. The mother and children did well, the babes being nursed on the mixed plan.

DR. E. S. ELDER, the Secretary of the Indiana State Board of Health, has been removed, says the Ft. Wayne Medical Journal, for "offensive partisanism."

IN the North Carolina Medical Journal a correspondent reports a case in which the eating of oranges greatly increased the flow of milk.

DR. HENRY B. SANDS has resigned the professorship of Practice of Surgery at the College of Physicians and Surgeons, New York.

THE Medical Society of Virginia will hold its annual meeting at Alleghany Springs, commencing Tuesday, September 15th.

AT the recent meeting of the British Medical Association Dr. H. P. C. Wilson, of Baltimore, was elected a member.

THE Baly Medal, presented by the Royal College of Physicians of London, England, has been awarded to Mr. W. Kitchen Parker, F. R. S.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from August 22, 1885, to August 29, 1885:

Cronkhite, H. M., Capt. and Asst. Surgeon, relieved from duty at Fort Reno, Ind. Ty., and assigned to duty as post-surgeon, Fort Hays, Kansas. (S. O. 129, Dp. of the Missouri, Aug. 26, 1885.)

Powell, J. S., Capt. and Asst. Surgeon, relieved from temporary duty at Fort Leavenworth, Kan., and assigned to duty as post-surgeon at Fort Lyon, Col. (S. O. 128, Dp. of the Missouri, August 25, 1885.)

Ebert, R. G., Capt. and Asst. Surgeon, assigned to temporary duty with United States troops at Riverside Park, N. Y. (S. O. 179, Dp. of the East, August 24, 1885.)

Kane, Jno. J., Capt. and Asst. Surgeon, granted leave of absence for one month, to take effect when his services can be spared. (S. O. 195, A. G. O., August 26, 1885.)

Stephenson, Wm., First Lt. and Asst. Surgeon, granted leave of absence for one month, to take effect September 1, 1885, (Fort Niobrara, Neb.) (S. O. 79, Dp. of the Platte, August 20, 1885.)

McCaw, W. D., First Lt. and Asst. Surgeon, assigned to temporary duty at the camp of the troops near Kiowa, Kan. (S. O. 128, Dp. of the Missouri, August 25, 1885.)

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MICROBIC ERRORS.

Under the impetus given to the study of microbiology by the splendid researches and discoveries of Koch, Pasteur, and their great collaborators, a host of minor investigators have taken the field, with the result of bringing to light many new micro-organisms, or old ones in new situations, which behave, as to stains and cultures, in unwonted ways.

Now, while these researches are of great moment, in that they lead to such sifting, checking, and counter-checking of one another's observations and experiments that the scientists are the better able to eliminate error and establish truth, they admonish the practical physician, to be shy of his confidence when a new microbe is introduced to his notice, and skeptical as to the alleged pathological relations and functions of the candidate for recognition.

The following item, translated by the Philadelphia Medical News from *L'Union Médicale*, of August 6th, well illustrates the situation:

MICROBES OF SYPHILITIC ULCERS.—At a meeting of the Académie de Médecine de Paris, held August 4, 1885, M. Cornil made an interesting *resume* of the investigations of MM. Alvarez and

Tavel upon the microbes of syphilitic ulcers. The report of the investigators is the following:

1. There exists in some of the normal secretions of the body a bacillus, which, up to the present time, has not been pointed out.

2. This bacillus is identical in form and in its behavior with coloring agents with that which Lustgarten has described as the special bacillus of syphilis.

3. It is possible that the bacillus which Lustgarten has found in sections of syphilitic growths and in syphilitic secretions is this common bacillus.

4. Our bacillus is very similar in form to the bacillus tuberculosis, and presents many of the coloring reactions which hitherto have been considered as peculiar to Koch's bacillus, and to that of leprosy.

5. It is distinguished from the bacillus of tuberculosis by being less thick, and of a less granular appearance (conditions difficult to appreciate in a single examination), by its inferior resistance to alcohol, after staining with fuchsine and treatment by nitric acid. It is further distinguished, by its failure to be stained by methyl-violet, according to Ehrlich's method.

6. In the clinical diagnosis of tuberculosis, made by microscopical examination of secretions, these facts should be held in mind.

These investigations certainly damage, if they do not destroy, the influence of Lustgarten's bacillus as a factor in the pathology of syphilis, and discount to a certain degree the value of tubercle bacillus demonstrations, as they are commonly made.

They hold also a timely hint for those young and worthily ambitious practitioners, who fearing that they may not otherwise be able to keep pace with the marching caravan of medicine, have diligently sought, and of course found and reported cases wherein disease has unveiled to their discriminating gaze its pathogenic microbes.

Any observer who is at home in the microscopy of the urine knows that this fluid in many specimens, under varying conditions, is competent to show microbes of almost every morphological type.

Bacilli, straight and comma-curved, oval bacteria, spirilla, leptothrix, and cocci, may all be found here, having germinated in the patient's blood or genito-urinary tract, or found accidental entrance into the bladder or urinal from the atmosphere.

In fact this display of microscopic life by the urine is so full and suggestive that it is a wonder some quack or crank has not essayed to diagnose every form of zymotic affection by demonstrating in this fluid, in every case, its specific microbe.

Seriously, the urine has been thoroughly searched for specific bacterial life, and with reported success in not a few cases. But it is scarcely necessary to hint that microbes here found can not be given pathological place and rank by any ordinary method of differentiation, if at all. A little reflection will also show that fallacies, less numerous perhaps but more difficult to detect, must attend the search of the blood or any secretion of the body for bacterial manifestations of disease, and admonish the physician that microbiology as a rule can not, by the means and time now at his command, be made available in practice for diagnostic purposes.

Two exceptions to this statement may be allowed, namely, the finding of the spirillum in the blood of relapsing fever patients, and the demonstration of the tubercle bacillus in the sputum of the victims of phthisis; but the former is not of high importance, since the fever is rare, and may be made out by other and easier means, while the latter, at first seemingly simple by differential staining, appears now to be involved in difficulties which only the hand of the expert can successfully overcome.

THE Journal of the American Medical Association says that the names of more than one hundred of the more prominent members of the profession in Philadelphia, and between three and four hundred more in other parts of the State of Pennsylvania, are signed to a circular directly indorsing the action of the American Medical Association, and pledging their individual support to the International Congress, as an offset to the twenty-eight eminent Philadelphians who must have the honor of starting the disgraceful work of obstruction.

Bibliography.

A Treatise on Amputations of the Extremities and their Complications. By B. A. WATSON, A. M., M. D., Surgeon to the Jersey City Charity Hospital, to St. Francis, and to Christ Hospital at Jersey City, N. J., Fellow of the American Surgical Association, Permanent Member of the American Medical Association, Member of the New York Pathological Society, Member of the New Jersey Microscopical Society, etc. Illustrated by upward of two hundred and fifty engravings, and two full-page plates. 8vo. Philadelphia: P. Blakiston, Son, & Co. 1885. For sale by John P. Morton & Co. Price, \$5.50.

This is a well-illustrated and beautifully printed work of 750 pages, which deals with the subject of amputations and their complications in a most thorough and painstaking manner. The author's minute description and history of the different forms of prothetic apparatus are features of great interest. The volume is full of all necessary information relative to the subject at hand, and this being arranged in a concise form makes it valuable as a book of reference. The author not only describes all of the amputations, but gives his readers particular information on the after-treatment; being especially explicit as to the different styles of dressing for stumps, the sutures, ligatures, means of drainage, etc., treating in a masterly way, with considerable detail the possible and various complications and contingencies that may be met with in this kind of surgery. The reviewer would modestly beg leave to disagree with Dr. Watson on the propriety of ever doing the operation of disarticulation at the knee or ankle; he would further state that, in his opinion, ere long it will be considered unsurgical to do any of the now recognized amputations between the mid-metatarsal region and four inches above the ankle-joint. The reasons for this suggestion and prophecy are the great difficulty of adjusting artificial apparatus to stumps which are formed upon disarticulations, and the infinite superiority of the leg amputation, so far as usefulness of the limb and comfort to the patient are concerned to amputations about the tarsus. There is in his opinion no increase of danger to life in amputation along the continuity of the leg over disarticulation at ankle or amputation through the tarsus, or in amputation three inches above to disarticulation at the knee. With this slight disagreement he must say that this is the best work on the subject he has ever seen, and he

recommends it to his brother surgeons with the assurance that the book will serve them many a useful turn.

AP M. V.

Cholera: Its Origin, History, Causation, Symptoms, Lesions, Prevention, and Treatment. By ALFRED STILLÉ, M. D., LL. D., Professor Emeritus of the Theory and Practice of Medicine in the University of Pennsylvania. 12mo, pp. 164. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co. Price, \$1.25.

In this season of expectancy a monograph upon the subject of cholera by one of our ablest practitioners and most eminent of therapeutists will find many readers.

Dr. Stillé treats his subject with scientific accuracy, and wise conservatism, while he brings to the adornment of the work a rich erudition gleaned from many fields of research.

The subject is discussed under eleven heads, namely: Definition of Cholera, History, Etiology, Symptomatology, Complications and Sequelae, Morbid Anatomy, Pathology, Diagnosis, Prognosis, Prevention, and Treatment.

Under the second caption is to be found some of the most interesting and instructive materials of the work, the disease being traced from its earliest recorded appearance down to the great epidemics of recent years. A striking feature of these historical tracings is the seeming proof that cholera is indigenous in India only, its so-called home, that it never springs up *de novo*, that it moves always along the lines of human travel, and that it is communicable directly or indirectly from sick to well persons.

In the matter of etiology the author is among the doubters. He does not accept the comma-bacillus of Koch as the germ of the disease, but, while holding this point *sub-judice*, he adduces abundant evidence which is in accord with the theory of its microbic origin.

The clinical history of the disease is told with such accuracy as can be attained only through systematic bedside study in many cases, and for such study the author had abundant opportunity during two cholera epidemics.

In diagnosis the most noticeable feature, and at the same time the most important, is the sharp line of demarkation drawn between cholera Asiatica and cholera morbus. After reading Dr. Stillé, no physician will take stock in the loose, but at one time current

saying, that the two diseases being so nearly one in symptomatic manifestations, it is well enough to call the fatal cases cholera Asiatica, and the non-fatal cholera morbus.

Passing over the other topics, all of which are ably handled, we note that portion of the work which deals with treatment as especially worthy of remark. Here wise conservatism as to methods and skepticism as to the vaunted value of drugs have proper place. Only such methods are allowed as find rational warrant in the natural history of the disease, and such drugs as have stood the test of unequivocal experience, while the deductions of Dr. A., the inductions of Dr. B., the theoretic therapies of Dr. C., the shot-gun prescriptions of Dr. D., and the mitigated microbic vaccinations of Dr. F., are either ignored or brought in view that they may be the more completely demolished.

Indeed, the author's repudiation upon scientific grounds of Ferran's pretensions, at a time when half the world was ready to believe in them (the last paragraph of the work was written in May), is fitting testimony to the integrity of his methods of study, and the soundness of his well-drawn conclusions.

Urinary and Renal Derangements and Calculous Disorders; Hints on Diagnosis and Treatment. By LIONEL S. BEALE, M. D., F. R. S., F. R. C. P., etc., Professor of the Principles and Practice of Medicine in King's College, London. 12mo, pp. 356. Philadelphia: P. Blakiston, Son & Co., 1885. For sale by John P. Morton & Co. Price, \$1.75.

Any new book from the hand of this eminent teacher and writer will at once find a host of readers. The work of the reviewer is by this fact lightened, since nothing which he might say in favor of it or against it is likely to lessen or enhance the physician's desire to see the book.

Urinary and Renal Derangements seems not to have been designed to serve the purpose of a student's manual or physician's reference book, since it is issued without an index, and is not divided into chapters. It is, however, provided with a full table of contents, and the subject matter being systematically arranged under suitable captions, the absence of the index will not prove a serious drawback to the reader.

The book is divided into four parts: Part I being Hints on Diagnosis and Treatment; Part II, Urinary Deposits; Part III, Substances in Solution not found in healthy

Urine; Part IV, Urinary Calculi and Calculous Disorders. Under each of these heads may be found a good store of scientific truth, illustrated by abundant experience and practical common sense.

In clinical chemistry Dr. Beale is trustworthy and instructive; in clinical medicine and therapy, practical and entertaining; in pathology, brilliant. The reader will find on perusal that the work under notice is in every part characteristic of the author, and like every thing which comes from his pen, ripe, well digested, and rich in practical suggestions to the every-day worker in medicine.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

A lively controversy has been raging upon the subject of hospital nurses. The All-Saints Sisters, who farm the nursing of University College Hospital, are accused, not of bad nursing, but of proselytism. This charge is strenuously denied, affirmed, and then denied again. Why, it is asked, should a share of the Hospital Sunday collection, contributed by persons of all creeds, be given to an institution where a nurse is practically shut-out from employment unless she belongs to a particular Church of England Sisterhood. To this it is replied, that the contributions of Church of England people to the Hospital Sunday fund far exceed those of all other denominations put together. But then comes a rejoinder: only a section of Church folk would approve of the opinions and actions of these All-Saints Sisters. They are in their doctrines much nearer to Roman Catholicism than to Protestantism, and they persuade their patients to use books of devotion which are avowedly Roman Catholic. Such are some of the allegations which are made, and it will be perceived that they contain material for a very pretty and protracted quarrel. If a sensible and dispassionate surgeon were asked his opinion on the subject, he would answer somewhat to the following effect: A hospital is intended for the healing of the sick, and not for the inculcation of religious opinions. There were excellent women among the old race of nurses, who regarded nursing merely as a means of gaining a livelihood. But there was no solidarity or

organization among them; they were usually uneducated and narrow minded, and sometimes they were neglectful, careless, and cruel. The nurses provided by the sisterhoods are probably more efficient than their predecessors. They are disciplined, organized, fairly educated, and more intelligent. But being completely under the control of the Sisters, they are obliged to conform to their religious observances. And the Sisters themselves, if conscientious and thorough in their belief, can not help proselytizing. If all the world were of one religion, all these difficulties could not arise.

One has heard of "the Duke of York who marched his soldiers up a hill, then marched them down again." It appears that our medical ambassadors have done pretty much the same. They, however, went to Spain only to come back again. Doctor Ferran objects to disclose the secret of his cholera inoculation fluid; and though entirely against medical etiquette, one can scarcely wonder Dr. Ferran is making a fortune. He charges twelve francs and a half each operation, and he and his assistants perform some five hundred paid operations a day. In a short time no doubt the discovery, if it is one, will be given up to science, that is, when Dr. Ferran has realized enough to retire upon and defy science.

An amusing incident occurred as Dr. Gibier was making his way back to France. At Tortosa the railway passengers had to get out of their carriages and were kept standing in the black fog and cold night air for two hours, while the train was being disinfected. Dr. Gibier had placed several bottles of cholera microbes in the net at the top of his carriage. These were subjected to the fumes of disinfection, but curious to say, they arrived in Paris in a particularly healthy condition.

The medical colleges and schools of the metropolis will open on Thursday, the 1st of October. At St. Bartholomew's there will be the usual annual dinner of old students on that day, and the opening address of the Abernethian Society will be given by Mr. William Marrant Baker, F. R. C. S., one of the surgeons to the Hospital, on Thursday, the 8th October. At the London, as the college will be in course of enlargement, the usual public distribution of prizes will not take place. At St. Thomas's there will be an introductory address by Mr. A. O. MacKellar, M. Ch., one of the assistant surgeons, followed by the annual dinner in the evening. At the Westminster an intro-

ductory address will be given by Mr. George Cowell, F. R. C. S., England, one of the surgeons, followed by the distribution of prizes and a conversazione. At the Middlesex there will be an introductory address by Dr. J. K. Fowler, one of the assistant physicians, followed by the distribution of prizes, etc., and the annual dinner at the Holborn Restaurant in the evening. At St. Mary's an introductory address will be given by Mr. Augustus I. Pepper, M.S., London, one of the surgeons, the annual dinner in the Venetian Room, Holborn Restaurant, in the evening, and a conversazione in the new school buildings on the following evening. At St. George's an introductory address will be given by Mr. Timothy Holmes, F. R. C. S., one of the surgeons. At King's College the distribution of prizes will take place, and an address be given by the Lord Bishop of London; and at University College an introductory lecture by Prof. E. A. Schafer, F.R.S.

Under the title of "Sanitary Suggestions" Mr. Sampson Low has written a little volume of an eminently practical kind on this subject, designed more particularly for the instruction of householders. Simple as the principles are, and easily intelligible as their application may be made, as shown in this little manual, it is to be feared that few among those who are most directly concerned have clear views regarding them. For these persons Mr. Low's chapters, with their sketch and comparison of the old system and the new, furnish much valuable information.

Dr. G. M. Christine urges the more extended use of tobacco in the form of poultices. He considers it very efficacious in relieving pain. To make the poultice, the leaves are the best, but cigar clippings will answer.* The tobacco should be cut up fine, and mixed with linseed meal. The poultice is then made in the usual manner, a piece of linen or gauze being placed between it and the skin. Care must be taken, of course, that the part of the body to which it is applied be not denuded of cuticle.

Dr. Coghill is recommending the following solution for inhaling in cases of phthisis. R. Tinct. iodi ethereal, two drams; acid carbolic, two drams; creasoti vel thymoli, one dram; spirit vin. rectific. ad one ounce.

LONDON, August, 1885.

Comma-bacillus in raisins appears to be the latest microbial finding.

Selections.

A NOVEL METHOD FOR REMOVING STONES FROM THE BLADDER.—Dr. James Murphy reports the following interesting case in the British Medical Journal:

About five years ago, the patient, whose age was about fifty, and who had always enjoyed good health, was very much surprised to find one day, as he was passing his urine, that it suddenly stopped before his bladder was relieved, and on consulting his medical attendant, the latter passed a silver catheter, and immediately struck a stone. The patient was apprised of this, and lithotripsy was suggested; but, being of a mechanical turn of mind—he was by profession an architect—he declined to submit to any operation, preferring first to see what he could do in that way himself. While thinking the matter over, and maturing his plans, he spent several days in trying to get the stone back into the urethra, with a view of ejecting it by a sudden flush of the urine, and for this purpose he tried several positions, on his face, knees, etc.; but though he could feel the stone fall on the neck of the bladder, and, as he thought, touch the entrance to the urethra, he failed to make it enter the latter. After some deliberation, he constructed an instrument, consisting of a Florence flask, into which a cork was tightly fitted. This cork was perforated by a bone tube, into which a No. 10 black French catheter was made to fit with a screw; and, to make it perfectly air-tight, an indian-rubber band could be rapidly passed over the joint. Owing to the extreme thinness of the glass in the Florence flask, boiling water could be poured into it, and he had some of the straw covering fitted on to the end of it, which, being a bad conductor of heat, enabled him to hold the flask after the boiling water had been poured out, while he screwed it on to the catheter previously introduced into his bladder, and produced a vacuum by the application of cold cloths to the flask. He then had an aspirator constructed, very similar to that used by Sir Philip Crampton many years ago, but of which it is needless to say he had never heard. He made several attempts with this instrument to get the stone into the urethra, for he never contemplated removing it directly by the aspirator, but never succeeded, as, not having a stop-cock as in Crampton's aspirator, the formation of the vacuum was too gradual to form a suffi-

ciently rapid current for his purpose. He therefore soon devised another form of aspirator, which was simpler in construction, and more efficacious in use. He purchased a large ear-syringe, to which he fitted on a No. 10 catheter, from which he had removed the end as far as the eyelet; and while his bladder was full, he got on to his knees, rolled the stone about till he considered he had it at the entrance to the urethra, then gently passed his catheter with syringe attached till he struck the stone; then, without displacing the stone, he gently withdrew his catheter about an inch, and rapidly pulled out the piston, and, after some failures, succeeded in getting the stone into the urethra, when, by means of straining at first, and afterward, when it came within reach of his fingers, by external manipulation, he had the satisfaction of at last getting the stone into his hand; but he found his troubles were not then ended, for he found there were some others, which he removed in the course of a few days. He then continued quite well for some time, these operations of what may well be called "litholapaxy" in no way inconveniencing him; but after the lapse of several weeks, he found the old pain in his right loin (indicating the passage of a calculus through the ureter) returning; and, after it had ceased, he again removed a couple of stones in the same manner as previously; and so matters continued for a space of two years, calculi forming now and then, generally two or three being passed by the right kidney (never from the left), in rapid succession, and then being removed from his bladder; he continued well for several weeks, when the same process was gone through again. At last, getting tired of this bleeding of stones, as he termed it, he was induced to go on a diet in which alcohol and saccharine fatty matters were avoided; and, in a little time, no more stones were found, and it is now nearly two years since he has been troubled with one. In all, he removed forty-three uric acid calculi, varying in size from a No. 6 shot grain to a large pea. He generally removed them as soon as they entered the bladder, and became so expert latterly that he could generally bring the stone into the urethra in two or three attempts; but, if he were otherwise engaged, he did not trouble much about the calculi, and sometimes kept them in his bladder for a couple of weeks without removing them. But this is a practice which he can not recommend; for he assured me that, as soon

as a calculus entered the bladder, the sooner it was removed the better. He knows each of the calculi by distinctive marks, and has anecdote about the most of them. One bears the mark where it was struck by the silver catheter; another was stopped in the urethra by coming sidewise, and had with much difficulty to be flushed straight; another he calls "the porcupine," as he drank some medicine to try to dissolve it, with, he alleges, the unpleasant result that the soft parts disappeared, and left several rough edges, which made him feel as if he had the fretful animal in his bladder. As is usual, a distinct history of gout was obtained.

EXSECTION OF THE KNEE.—At a recent meeting of the New York Pathological Society (New York Medical Journal), Dr. John H. Ripley presented an Italian, twenty-eight years of age, who was admitted into Charity Hospital September 14, 1882. There was no history nor evidence of venereal disease. He had always been well until four years ago when he had an attack of rheumatism, suffering continuously from severe pains in the left knee-joint, which was very hot but not swollen. This attack continued for about one year, and then disappeared of itself. September 2, 1882, the patient slipped on a banana-peel and injured the left knee, which soon increased to twice its natural size, and became very hot and painful. Twelve days later he entered Charity Hospital, where he was treated for rheumatism in the medical ward for three months, when he was transferred to a surgical ward.

Extension was employed for two months, in conjunction with the local application of liniments, etc., and internal remedies. Extension was then discontinued, and a succession of plaster-of-paris splints applied, together with the use of electricity, etc. Although there was absence of crepitus, and several surgeons were in doubt as to the propriety of exsection, Dr. Ripley concluded to do the operation, as it seemed to offer the patient the only chance of relief. The bones of the joint were very extensively diseased. The patient made a good recovery, with two inches shortening. The interest of the case centered in the fact that the man had suffered for nearly three years with inflammation of the knee, there being no suppuration, and at the end of that time the pathological condition was such that several surgeons were in doubt as to the propriety of exsection. The reason why

friction was absent was that at no one point were both of the opposing bones roughened. A second point of interest was the illustration of the reparative power of diseased bone. A third point of interest concerned the use of wires. Dr. Ripley thought they did little or no good, and they gave him a great deal of trouble in removing them. He referred to another case of exsection under like circumstances, done about ten years ago, in which the patient was longer in recovering from the fact that the bones were not made immovable.

The president, Dr. John A. Wyeth, in the discussion, remarked that this case afforded strong evidence in favor of exsection as against the old method of treatment by amputation. In the latter case the death-rate had been placed at twenty-five per cent. He had not seen a case in which death resulted from exsection. He referred to some cases in which he had done exsection the past winter, and said he did not use wires, for the limb could be rendered immovable without them. If wires were used it was necessary to remove them afterward.

PUERPERAL CONVULSIONS WITHOUT ALBUMINURIA.—Dr. N. Vuccino, of Rodosta, writing in the Constantinople *Gazette Medicale d' Orient*, gives the case of a lady usually enjoying excellent health, except for occasional hysterical attacks, who in the fourth month of her first pregnancy was seized with a severe frontal hemicrania of quotidian type. At the end of the sixth month she was awakened one night with intense pain in the head, followed by a slight convulsion affecting the upper extremities. In the morning the writer found her suffering from general convulsions, consciousness being lost, and a bloody froth issuing from the mouth; the pulse was small and hard; but the urine was then and continued to be perfectly normal. Various methods of treatment having proved fruitless, it was decided to bring on the labor, which was done by injecting hot water (32°). After this had been continued for three hours and a half, the os uteri became fully dilated, and a dead child was shortly afterward expelled. The convulsions ceased as if by magic, and in twelve days she was able to resume her household occupations. She afterward enjoyed good health till the eighth month of her second pregnancy, when convulsions reappeared with greater intensity than before. Chloral and chloroform proving in-

efficacious, the continual hot vaginal douche was again employed. In consequence of the irregularity of the contractions of the uterus, forceps were required. The convulsions ceased five hours after delivery, and in seventeen days she was again in her normal condition. She subsequently became pregnant for the third time, and during the second month suffered from some premonitory convulsive symptoms, which were increased by vaginal examination; these came to an end on the patient aborting. The author considers the case interesting, as showing how convulsions, due, as he believes, to a highly nervous condition of the uterus, may simulate those connected with renal and urinary mischief.—*Medical and Surgical Reporter*.

DIRECT INOCULATION OF THE HUMAN BEING BY TUBERCLE.—Dr. E. A. Tscherning (*Fortsch. d. Medicin.*) reports the following almost unique case:

A healthy female cook, aged twenty-four, served with a gentleman who soon died of acute tubercular consumption. While staying with him she one day injured herself on the palmar surface of the first phalanx of the right middle finger by a broken piece of his cuspidor entering her finger. The sputum which was then in the spittoon was examined by T., and found to be full of tubercle bacilli in almost their pure culture. About a fortnight after the injury the first symptoms of panaritium developed themselves in the finger. Suppuration did not ensue but, instead of it, soon after a nodule of the size of a split pea could be felt in the subcutaneous tissue. An incision was made, and lying between the sheath of the sinew and the skin was found the granulating growth, which was destroyed with the sharp spoon. The wound healed within one week.

A few weeks later, patient complained of pain on flexing the finger. The parts then appeared swollen, and at the same time the axillary glands were enlarged but the lungs apparently healthy. These glands now were removed, and the finger amputated below the affected part and the sinew also extirpated. Cured within two weeks; patient discharged. A microscopical examination showed that where the first growth had been removed new granulations had formed. These and the destroyed sinew, as well as the axillary glands which had been extirpated, were found to contain a considerable number of tubercle bacilli. They mostly were met with alone, here and

there two and three were found together, and many of them were provided with spores.

Several months later the patient was still in perfect health; the stump was in excellent condition, and, notwithstanding the most thorough physical examination, no disturbance whatever could be detected in the lungs.

The case is decidedly interesting. As far as we know, the pus from a panaritium has never been examined with a view to discover micro-organisms. The co-affection of axillary glands in the case of inflamed fingers is by no means a rare occurrence. We must, therefore, express our doubt if the direct inoculation in Tscherning's case was proven. The girl may have had a common felon, and the latter may be caused by bacilli *looking* very similar to those of tubercle; for already three such kinds of bacilli exist (glanders, tubercle, and anthrax), which can only be distinguished from each other by pure culture and study of their different behavior while thus developing. Still, it is possible that a panaritium is always due to tubercle-bacilli of a separate species.—*Med. and Surg. Reporter*.

COCAINE IN ACUTE AFFECTIONS OF THE UPPER RESPIRATORY PASSAGES.—J. Strahan, M.D., contributes the following to the British Medical Journal:

The fact that Jellinek has produced complete anesthesia of the larynx by the application of cocaine, points to a vast field of usefulness for that drug, not hitherto explored. To secure anesthesia of the larynx, epiglottis, palate, and pharynx, must prove an invaluable boon to the profession and the patient, in the immediate future. Even the action of carbolic lotion or lozenge in throat affections, as an anesthetic, is by no means to be despised; so that we can easily imagine the comfort, relief of pain, and even avoidance of danger to life in cases of spasm of the glottis, likely to result from the use of cocaine. It has been used with perfect success in operative procedures about the larynx, but has not yet been tried for either diphtheria or croup. It is obvious what a boon the addition of cocaine applications would be to any plan of treatment. It could be applied either by ordinary swabbing with a four-per-cent solution, or by insufflation with the dry powder; or the solution could be sprayed when we wished to reach far down. Even if the applications had to be made as often as every

half hour, for a while, the trouble would be as nothing compared with the ease and safety of the patient. In case of necessity, the nurse could apply it perfectly well in any form, if taught. The addition of a couple of drops of chloroform (a solvent of cocaine), to the ounce, would prevent the formation of fungus in the solutions of atropia, morphia, strychnia, tartarated antimony, and indeed all solutions usually spoiled by fungi. This would conduce to economy, as the solution without any preservative soon spoils, and is then liable to excite acute inflammation in mucous membranes instead of curing it. Of course the chloroform must be dissolved in the alkaloidal solution, by agitation in a bottle not more than three quarters full. This amount of chloroform causes no irritation, even in the eye, as I constantly used preserved solution of atropia, without causing the slightest pain.

We have now evidence that a four-per-cent solution of cocaine painted on the nasal mucous membrane, besides causing anesthesia, contracts the capillaries, drives out the blood, and causes a membrane swollen and red to become shrunken and pale. In coryza, even where the nares are obstructed by swelling, a strip of lint, soaked in the solution and pushed into the anterior nares, speedily removes the swelling, permits the passages of the breath, and, repeated once or twice, even permanently cures the disease. From these considerations, it seems to me that cocaine is destined to become an indispensable aid in all acute inflammatory diseases of the upper respiratory passages. In laryngitis, croup, diphtheria, scald of the larynx, simple or reflex spasm of the glottis, and even in chronic laryngeal affections, life often depends on the absence of fits of spasm; and the only remedy, when it occurs often enough or severely enough to threaten life, is tracheotomy. If cocaine by inducing complete anesthesia of the parts, prevents these spasms even in part, it will be an invaluable addition to the treatment of these diseases. We have some evidence that it will do so, from the fact that the imperfect means on which we have hitherto had to rely for anesthetizing the larynx, pharynx, etc.—namely, bromides and chloral—do very markedly diminish the tendency to spasm of the glottis in croup, for instance. For that reason, among others, I am of opinion that a combination of bromide of potassium and hydrate of chloral constitutes the very best treatment for croup—at

least, so far as systemic remedies go. The bromide diminishes the number and intensity of the laryngeal spasms. The chloral, in addition, acts as perhaps the most powerful antiphlogistic we have in such cases; it greatly reduces arterial blood-pressure, diminishes body-temperature, and acts as a powerful germicide, both generally and locally. The local use of cocaine, and the constant inhalation of some efficient antiseptic vapor such as that of eucalyptus oil, or of turpentine and tar, in addition to the internal treatment described, and with proper attention to alimentation, would seem to me to be an almost perfect therapeutic plan for diphtheria, croup, and many other diseases of the respiratory passages.

TREATMENT OF STRICTURE BY INTERNAL URETHROTOMY.—At a meeting of the Academy of Medicine in Ireland (Medical Press) Mr. Thornley Stoker read a paper on the treatment of stricture by internal urethrotomy. He advocated the more frequent use of that operation in cases of well-established organic stricture, where recurrence took place after gradual dilatation, where that treatment could not be borne owing to the irritation it set up, or where the circumstances of the patient demanded speedy relief. He stated that in 1871, when he became a hospital surgeon, the practice in Dublin leaned to the use of the so-called immediate dilatation in those cases where rapid treatment was determined on; but that, since then, the use of the urethrotome had become more general, and he believed bursting to have been practically abandoned by Dublin surgeons, and that he made his communication to the Academy to mark a local epoch in treatment. He had burst eighteen strictures in his earlier practice, and had been so impressed, both by his own cases and by those of other surgeons, with the liability to rapid recurrence after this operation, that he had relinquished it in favor of urethrotomy. Mr. Thornley Stoker mentioned that he had cut twenty-five cases with Maisonneuve's instrument, and in no instance had a bad result or cause for grave anxiety, except in one case, where somewhat severe hemorrhage took place and required the retention of a large catheter in the urethra. He gave his reasons for preferring urethrotomy done from before backward, after the fashion of Maisonneuve, and recommended the incision to be made in the roof of the urethra. He argued that a catheter should not be retained in the passage after

the operation unless hemorrhage took place. On this latter point he placed much stress, and attributed to its observance the freedom he had found, in all his latter cases, from rigors and inflammatory trouble; while in some earlier ones, which he referred to, the retention of a catheter had, in his opinion, been the cause of such mischief.

A SPECIFIC IN NEURALGIA OF THE FIFTH NERVE.—We possess at present a number of remedies which are of great service in neuralgias and other painful affections of the head. In common headache salicylate of sodium, if administered in doses of fifteen grains every three hours, has a splendid effect. In certain forms of sick headache, especially when the face has a flushed appearance, croton-chloral, given in doses of two grains and in pill form every two hours, rarely fails to bring relief. In hemicrania, if the face looks blanched, the inhalation of nitrite of amyl is the best remedy.

In neuralgia of the fifth nerve various drugs have been recommended from time to time. Are the attacks short but severe, and if they do not recur very frequently, hypodermic injections of morphia may be relied upon. In some cases large doses of quinine put an end to the seizure. Muriate of ammonia, fifteen grains every three hours, acts like magic in some individuals, while in others, especially when gastric irritability accompanies the attack, and still more if nausea and vomiting usher it in, one or two grains of tartar emetic, if necessary repeated until emesis sets in, cause the neuralgia to disappear.

Recently a new remedy has been brought forward, which promises to become the specific in neuralgia of the trigeminus. Dr. M. Schneider (*Allg. Med. Centr. Zeit.*, 49, 1885,) had a lady patient who, at long intervals suffered from severe attacks of this painful malady. These attacks lasted from one month to half a year, and were accompanied by the most excruciating pains. Five years ago such an attack had been stopped by large doses of quinine. Another attack, which had continued with little interruption for six months finally yielded to morphia and iron. A month ago the patient was again attacked by her old enemy. None of the remedies formally applied seemed to do any good. S. then employed as an experiment salicylate of cocaine. Two thirds of a grain were injected hypodermically into the right cheek. A minute or two later the pain ceased and did not re-

turn. The injection itself was painless and produced no irritation.

A week ago Engel had a similar case. The patient, a young man, presented himself at the clinic of Prof. Engel in Medico-Chirurgical College. He suffered excruciating pains, and near the left ala nasi was a very tender spot. Thirty minims of a two-per-cent solution of muriate of cocaine were injected into the skin near the point douloureux. Scarcely a minute later the pain had ceased. The remedy surely merits a more extensive trial.—*Medical and Surgical Reporter*.

PARENCHYMATOUS INJECTION OF FOWLER'S SOLUTION INTO A LEUCEMIC HYPERTROPHIED SPLEEN.—The *Deutsche Medizinische Zeitung* quotes the following from a paper by Dr. Peiper, of Griefswald: In the course of eight weeks ten injections of a whole hypodermic syringeful of undiluted Fowler's solution were made into the spleen in a case of leucemia. The patient bore the injections without any untoward symptoms. At first a decided diminution in the size of the tumor was noticed. It became hard with a nodulated surface. Some weeks later a considerable diminution could be verified. The patient left the hospital some months afterward decidedly improved. Such treatment is only recommended in the early stages of the affection, and before the tendency to hemorrhage has become manifest. *Medical Press*.

ON RHYTHMIC CONTRACTIONS OF THE CAPILLARIES IN MAN.—Dr. T. Lauder Brunton (*Journal of Physiology*, April, 1884) claims that, although rhythmical contraction and dilatation of the small-blood vessels, independently of the action of the heart, have been observed in the lower animals, they have not hitherto been described in man. The cases in which rhythmical pulsation, independent of the heart and the respiratory movements, were observed were cases of marked aortic regurgitation. When the aortic valves are incompetent, the blood flows back into the heart during the diastole, leaving the pressure in the arterial system low. The heart thus receives during diastole blood from two sources—from the pulmonary veins and from the aorta—so that at the next systole a very large wave is forcibly driven into the relaxed aortic system. The alternate distension and relaxation of the small arteries render pulsation in them much more readily observed than in ordinary cases.

The method of observing it is this: The finger-nail should be drawn once or twice up and down the middle of the forehead; a red streak is left, which will sometimes remain for many minutes. This streak undergoes variations of width and brightness which are very evident to the eye, and some of which coincide with the beats of the heart. In addition to this a second rhythm of contraction and dilatation may be observed corresponding to the respiratory movements, and the rate of which is about eighteen a minute. But, in addition to these two rhythms, Dr. Brunton observed a third, which he is inclined to regard as due to independent contraction of the minute vessels. It is difficult to ascertain precisely the rate of this capillary rhythm, but from a number of experiments, it may be said that it usually occurs approximately at the rate of one in twenty seconds. It is probable, however, that this rate is subject to numerous variations.—*New York Medical Journal*.

ERGOT AS A REMEDY FOR HICCUGH.—Dr. E. Boniva, of the British Indian Medical Department, in a short communication to the *Lancet*, after mentioning the usefulness of ergot in various hemorrhages, says:

"Very few, however, may have heard that ergot will cure hiccough. Last autumn there was in this district an extensive epidemic of intermittent fever. The police hospital was full of fever cases. One day a policeman was admitted with an obstinate hiccough. He said he had had it for some days, and had no other ailment. I tried many remedies—sedatives, narcotics, antispasmodics, and counter-irritants. I examined his body to see whether there might not be some latent hernia in any part which might be the cause of it, but found nothing. I gave him a large antispasmodic enema, and then a strong purgative. The hiccough went on. I next tried chloroform and subcutaneous injections. As long as their effects lasted, freedom from the distressing spasm was experienced. Then it came on again with unabated force. The patient began rejecting his food and every thing he took by the mouth. The case was taking a serious aspect, and I thought death would ensue. As a last resource, I ordered the liquid extract of ergot in dram doses. I did this simply because I knew it had a decided action on the muscular fiber. The first dose moderated the spasm, the second did further good, and the third or fourth stopped

it altogether. The patient had some rest, but later on the hiccough returned. Three or four doses stopped it again; it never returned, and the man was well. Recently another case was admitted with a similar obstinate hiccough. My hospital assistant gave the liquid extract of ergot at once; after some doses the hiccough was stopped and did not return. I have often given this extract in dram doses frequently repeated, and have never observed any disadvantages from it. As to the cause of this idiopathic hiccough, I think it was a chill."—*New York Medical Journal*.

PARALYSIS OF THE SYMPATHETIC.—Dr. Lewinsky reported a case of the above at the last meeting of the Berlin Medical Society. The patient was a woman who had suffered from gastric ulcer, and who as a child had a small goitre which had increased in size during the last ten years. At the time of reporting it was the size of a goose-egg, was seated on the right side, and had curved the trachea to the left. The right upper eyelid drooped, the pupils were diminished in size, the eye lay deeply within the orbit. The fundus oculi was normal. The right side of the face showed almost complete absence of sweat secretion, and the temperature was 0.2° C. lower than on the left. The forearm and hand were occasionally swollen. The temperature of the right hand was 2° C. lower than that of the left. The patient came under observation a second time with hematemesis and parotitis. The latter went on to suppuration, and required incision. The secretion of sweat was less and the temperature lower on the right than on the left side. The speaker claimed that the symptoms presented were typical of paralysis of the sympathetic, that the interest of the case consisted in the long continuance of the edema without disturbance of the circulation and with normal sensibility and mobility. As regarded the locality of the lesion, the supposition that it was produced by pressure of the goitre would not be far astray.—*Medical Press*.

DIAGNOSIS BETWEEN INDURATED CHANCRE AND HERPES.—It sometimes happens that herpes of the penis presents itself under the form of a single patch of superficial ulceration, accompanied by some induration of the underlying tissues; there may be also a swelling of the inguinal glands, so that the diagnosis between this so-called chancriform herpes and some forms of indurated chan-

cre is very difficult in the early stages. M. Leloir, however, calls attention (*Journal de Connaiss Méd.*, April 2, 1885) to the fact that when a herpetic ulcer is pressed between the fingers a drop of serous fluid is squeezed out. This manipulation can be repeated several times with the same effect; in the case of chancre, on the contrary, a little fluid is seen on the surface, but the quantity is not increased by pressure. When the base of the herpetic ulcer is indurated, the hardened tissues can be flattened between the fingers, while, in chancre, no amount of pressure can change the shape of the nodule. This difference is explained by the facts that in herpes there is a localized edema of the tissues, while in chancre the chief lesion is a hard infiltration, sometimes accompanied by sclerosis of the connective tissue and of the vessels.—*British Medical Journal*.

ON THE SURGICAL TREATMENT OF ASTHMATIC CONDITIONS.—Hack, of Freiburg, speaking before the Medical Congress at Wiesbaden, communicated his experience of nearly six hundred cases of asthmatic conditions. (*Beilage zum Centralb.*) In all these cases a reflex neurosis could be found, either present or having existed some time previous. The nose was invariably the center of the reflex irritation. In eighty-one cases in which nasal obstruction alone called for surgical interference, it became evident that, with the increase of chronic hyperplastic rhinitis, all neurotic conditions, especially asthma, in spite of long existence, had disappeared spontaneously. Hack holds that reflex neuroses may originate whenever the nose is the seat of hyperplastic conditions. In cases where the mucous membrane alone is affected, the usual catarrhal treatment with astringents and stimulants ordinarily suffices to suppress the neurosis, while neuroses depending upon hyperplasia of the deeper cavernous structures invariably require surgical attendance—that is, destruction of the cavernous tissues.

SCARLET FEVER has, it is alleged, been conveyed from an infected family to others in Jamesport, Long Island, by the total disregard of instructions from the Board of Health, who ordered the father to quarantine the family, the man contending that the disease was not contagious, and permitting members of his family to go and come at will. He is likely to pay the penalty of his disobedience and ignorance.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, SEPTEMBER 12, 1885.

Original.

FAVORITE PRESCRIPTIONS.

BY E. J. KEMPF, M.D.
President of the DuBois County (Ind.) Medical Society.

If pulling teeth is a part of your professional duties, try the following local anesthetic:

R Po. G. camphor, ℥j;
Sulphuric ether, f. ℥vj;
Tr. cannabis indica, f. ℥ij. M.

Fasten some absorbent cotton to the point of a soft stick, moisten with the anesthetic, and rub the gums around the tooth to be pulled.

If you ever get a case of rectal worms, which nothing else will relieve, try this:

R Po. Cape aloes, ℥j;
Barley water, Oj. M.

Inject half at night and the other half in the morning, after the bowels have been cleansed with a cathartic.

In a case of cholera morbus, try this:

R Bismuth subnit., ℥j;
Pepsin, ℥j;
Oxide zinc, gr. viij;
Morphine, gr. ij;
Cinnamon water, f. ℥ij. M.

Give a teaspoonful every hour until the urgent symptoms are relieved, then slacken the dose.

As an infant's opiate, try:

R Dover's powder, . . . gr. j;
Sugar of milk, . . . gr. cxx. M. ft. pulv. 5.

Give one in milk or cream.

To poultice orchitis or mastitis, take one pound or more of crushed crackers, soften them with hot water, or, better, steam them till soft, sprinkle with a half dram to one dram of powdered opium.

To stop the flow of milk, try:

R Atropine, gr. iv;
Water, f. ℥iv;
Glycerine, f. ℥ij. M.

Soak pledgets of lint in the lotion and apply them to the breasts. Constitutional symptoms from the atropine must be watched.

A good sinapism that can be put into your saddlebags, make thus:

R Oil mustard, essential, f. ℥j;
Glycerine, f. ℥j. M.

Shake well before using. Apply by rubbing on the parts with a piece of lint. It is severe, but the pain is transient, and you will not blister the parts.

The following will replace, with interest, the old-fashioned laudanum and sweet oil in earache:

R Morphine, gr. ss;
Atropine, gr. ss;
Water, f. ℥ss;
Glycerine, f. ℥ss. M.

Warm it, and drop a few drops into the suffering ear.

Why not dissolve morphine in camphor-water when you wish to prescribe it in fevers, or in after-pains of the parturient?

The following was the late Prof. R. O. Cowling's favorite cough remedy:

R Bromide potassium, ℥iv;
Cyanide potassium, gr. iv;
Syrup wild cherry, f. ℥iv. M.

Give a teaspoonful at a dose.

This is a specific for urticaria:

R Magnesium sulphate, ℥j;
Iron sulphate ℥j;
Acid, sulphuric, dil., f. ℥ij;
Tr. gentian, f. ℥j;
Water, f. ℥viiij. M.

Give a tablespoonful in water every four or five hours.

When you practice massage, the following:

R Acetate zinc, gr. viij;
Vinegar, Oj. M.

will not only add greatly to the efficacy of the massage, but also will impress the pa-

tient with the idea that something else is being done besides rubbing.

For the erythema and itching between the thighs and on the buttocks of fat people, either calomel or bismuth subnitrate rubbed on dry will make you proud of yourself.

The following:

R Castor-oil, f. ℥j;
Glycerine, f. ℥ij;
Sp'ts. lavandula comp., . . . } aa f. ℥ss. M
Cinnamon water, }

is the best laxative and most palatable for the parturient woman that I have yet tried. Dose, the same as castor-oil.

There is nothing like the compound tincture of benzoin for frost-bites.

As a child's tonic try:

R Quinine sulph., gr. xj;
Acid, tannic, gr. xx,
Paregoric, f. ℥ss;
Tr. cinchona, f. ℥ss;
Sp'ts lavandula comp., f. ℥iij;
Simple syrup, f. ℥iv.

M. Dose, a teaspoonful. It is hard to make. Get some good druggist to make it for you.

Nothing like this for head lice:

R Corrosive sublimate, gr. ij;
Acetic acid, dil., f. ℥j. M.

And this for toothache:

R Acetate lead, gr. x;
Distilled water, f. ℥ss;
Tr. opium, f. ℥j.

M. Apply to the hollow tooth with absorbent cotton.

And this for dysuria in infants:

R Muriate ammonia, ℥j;
Po. ipecac., gr. iv;
Po. opium, gr. ij.

M.; ft. pulv. 15. One twice a day.

And this instead of alcohol in fevers:

R Glycerine, f. ℥j;
Tartaric acid, gr. xxx;
Water, Oj.

M. Two tablespoonfuls every hour.

Above all try this. Go to the nearest bookstore and buy a blank record book. On the title-page write, "Favorite Prescriptions," compiled by Dr. Yourself. Then write your favorite prescriptions, in which you have confidence, on the succeeding pages. When you have them all down and numbered, take a rest. Every time you read an article in a medical journal, take the gist out of the treatment part and put it down in your book. If you hear of a favorite and tried remedy or prescription of some brother practioner, put it down,

too, and in the course of time you will have a valuable book.

I have one that contains eight hundred and seventy-one prescriptions, none of which are in my text-books. For ready reference such a book is of value.

This savors somewhat of empiricism. But say what the big men will, he who knows most about the empirical actions of medicines is going to cure the most cases.

How often have we heard, Dr. So-and-so is good on this and that disease, and why? Could we not trace it to some favorite prescription of his, a combination of remedies that experience tells him is valuable. Let us exchange our favorite prescriptions, and let us book them for future reference.

JASPER, IND.

RELAPSING DIPHTHERIA.*

BY ANNA F. LAWRENCE, M.D.

I present these cases in order to obtain from the more experienced members of this Society their observation of the recurrence of this disease.

CASE I. November 10th. Mrs. T., married, six months pregnant, history good. Found her with flushed face, tongue brown, throat congested and sore, temperature 101°, intense pain in head and limbs. On questioning, I found she had had a similar attack three weeks before, but had recovered without calling a physician. Quiniæ sulph., gr. v, given three times a day, and a gargle of pot. chlor., glyc. and aquæ, to be used every hour. In the next twenty-four hours diphtheritic membrane appeared on the left tonsil. Gradually it spread over the tonsils, uvula, and post-pharyngeal walls. Local application of tr. ferri. chlor. used, iron also added to the gargle; patient well stimulated with whisky.

November 16th. Disease had progressed rapidly; patient delirious; complete loss of voice; copious discharge from nose; temperature 103°. Called in consultation; same treatment continued.

November 17th. Slight improvement. From this time she continued to improve.

November 26th. All membrane had disappeared.

December 5th. Dismissed.

December 15th. Was again called, and found left tonsil covered with membrane;

*Read before Louisville Medical Society Meeting, August 27, 1885. Discussion, see page 170.

temperature 102°. This attack lasted four or five days.

December 27th. Membrane on uvula and right tonsil. Copious discharge from nose. Fearing these repeated attacks might be due to some defective sanitary surroundings, the patient was removed to a new and healthy locality. In spite of these precautions, the attacks continued to return about every ten or fifteen days up to her confinement, which occurred February 24th. She was delivered of healthy twins, and made a good recovery.

March 30th. I was summoned, and found her much prostrated, having a decided icteric hue. R. Hydrg. chlor. mit., gr. j. Div. chart No. vi. Sig. One every half hour, followed by a Seidlitz powder. Patient freely stimulated. Consultation called.

April 1st. Patient died at 10 P. M. No autopsy.

CASE II. An *interne* at the dispensary contracted the disease from a patient May 1st. She remained in the hospital until the early part of June, when, having apparently recovered, she went to her home, about sixty miles distant. During the two months following she had several distinct light attacks of the disease, with formation of membrane on the throat. She resumed her duties September 1st. There was still partial paralysis of the muscles of deglutition, and sometimes a slight formation of membrane on the tonsils.

CASE III. A baby three months old contracted the disease from a sister who died. The disease affected the nares especially. The tonsils and posterior pharyngeal walls were much swollen and congested, but no membrane formed on them. On the morning of sixth day, in its struggles in taking its medicine, some of the fluid was expelled through the nose, and with it a complete cast of one nasal cavity, followed by hemorrhage. The membrane was examined and proved to be diphtheritic. The next morning a cast of the other side was expelled. The child soon recovered and was taken to New York, its home. Two months afterward I heard it had a similar attack, which had been pronounced diphtheria by the attending physician.

Diphtheria has been fully discussed by able writers, yet little has been said in regard to a distinct recurrence of the disease. Squire, of London, doubts the possibility of such a recurrence; although he says the same person may suffer from repeated attacks of the disease during the first

two or three months of convalescence. He speaks of a case, mentioned by Gull, in which the disease returned eleven months after the first attack. Three are mentioned by Greenhow, one of which proved fatal.

The cases here mentioned may be all classed as simple relapses. Yet, especially in the last case, all evidences of the present poison had disappeared. In each of these cases danger of continued infection was apparently obviated by complete change of surroundings. May not this poison remain for weeks or months practically latent, to be developed afterward by favorable circumstances; and if so, how long should treatment and quarantine be continued after seeming convalescence?

LOUISVILLE.

Miscellany.

PIERCED BY AN IRON ROD.—The Medical and Surgical Reporter says: Henry Sutton, a little more than two weeks ago, while engaged in agitating an oil well, attached an iron rod, known as the polish rod, to the sand-pump line, and lowered it to the bottom of the well. A sudden rush of gas threw the rod from the well and about thirty feet into the air, and in falling it struck Sutton on the right side of the neck, came out on the side below the breastbone, entered again at the hip, and emerged from the flesh at the knee. The vital organs were not penetrated, but it was thought there was very little hope of his recovery. In spite of this, Sutton has continued to improve, and will most likely get well. The rod which passed through Sutton was three quarters of an inch in diameter.

OLEATE OF MANGANESE IN MENSTRUAL TROUBLES.—In a paper read before the Chicago Medical Society, Dr. Franklin H. Martin recommended the use of oleate of manganese in amenorrhea, menorrhagia, and other menstrual conditions depending on an atonic condition of the uterus. One dram of a twenty-per-cent solution of the oleate of manganese in oleic acid is to be applied to the abdomen and its absorption promoted by friction with the hand.

A CELEBRATED Parisian belle, says the Popular Science News, who had acquired the habit of whitewashing herself, so to speak, from the soles of her feet to the

roots of her hair with chemically prepared cosmetics, one day took a medicated bath; and, on emerging from it, she was horrified to find herself black as an Ethiopian. The transformation was complete; not a vestige of the "supreme Caucasian race" was left. Her physician was sent for in alarm and haste. On his arrival he laughed immoderately, and said: "Madam, you are not ill; you are a chemical product. You are no longer a woman, but a *sulphide*. It is not now a question of medicinal treatment, but of simple chemical reaction. I shall subject you to a bath of sulphuric acid diluted with water. The acid will have the honor of combining with you; it will take up the sulphur, the metal will produce a *sulphate*, and we shall find as a *precipitate* a very pretty woman." The good natured physician went through with his reaction, and the belle was restored to her membership with the white race.—*Boston Medical and Surgical Journal*.

DR. MORELL MACKENZIE ON SPECIALISM. When the worst has been said against specialism, it still remains as a system of work which, if narrow and comparatively humble in its aim, is practically more successful in attaining it than broader and more philosophical methods. The final test of every institution as of every individual in these days is the record of actual achievement which it has to show. Judged by the standard of results, whether in the shape of additions to the store of scientific truths or to the armory of weapons against disease, specialism has nothing to fear. Even its enemies must admit that it is to it that the vast strides which the art of healing has taken in late years are mainly due, and there can be no doubt that medicine can only continue to advance by a process of specialization becoming more and more minute. In the eyes of *idéologues*, whose breadth of view rather impairs the keenness of their vision of things close at hand, the specialist no doubt may appear a somewhat unheroic figure beside his larger-minded brethren. Practical men, however, consider less the intrinsic nobility of the work than the efficiency with which it is done.

THE Cincinnati correspondent of the New York Medical Journal says: Apropos of the International Congress imbroglio, it may be said that the deposing of Dr. Levy C. Lane, of California, from the vice-presidency of the Congress is exciting consider-

able comment in this State. Dr. Lane is a native of Southwestern Ohio, and is today one of the conspicuous successes among the sons of the "Buckeye State." The product of the best educational methods, he is the typification of the "scholar in medicine"; and, the apostle of industry and thrift, he is, in both a scientific and pecuniary sense, an illustration of conspicuous success in his profession. That he should have been removed is deplorable; but that the committee should have permitted itself to be thus imposed upon is still more so. If the forty-six gentlemen comprising that committee are so ignorant of the true status of the great men of our profession, they are simply unfit for the duties devolving upon them.

THE Paris correspondent of the Medical Record says that the journal *L'Electricite* announces that apparatus is being prepared to enable the blind to take part in telegraphic work, which, it is remarked, will not be more difficult for them to manage than to play on a piano or an organ. It is also remarked that from the delicacy of their touch and their steady application to the occupation on which they are engaged, they would be quite competent to discharge such duties satisfactorily. It is strange that this idea has not been put in execution before now.

THE USE OF IODINE IN DIPHTHERIA.—Adamson (Practitioner) adds his testimony to the efficiency of the iodine treatment. He lost only two patients out of fifty-five treated with the tincture alone, although some of the cases were very grave. For adults he gives from five to seven minims every hour, and for children between six and twelve years of age from two to three minims every two hours. Special mention is made of syrup of quince for disguising the taste of the drug.—*New York Medical Journal*.

HEBRA'S TREATMENT OF SOFT CHANCER BY SALICYLIC ACID.—After washing the penis with lukewarm water and soap, and drying it well, the powdered acid is applied to the sore and its edges, and maintained in place by means of a pledget of cotton-wool. The application is renewed after twenty-four hours, and on the third day simple ointment is used instead of the acid. Twelve hours later the eschar disappears, and in about three days the sore is healed. *London Medical Record*.

PYROGALLIC ACID AND COLLODION FOR PSORIASIS.—Dr. Geo. T. Elliot (New York Medical Journal) recommends the following application for psoriasis:

R Acidi pyrogallici, ʒ^{iss}–ʒij;
 Acidi salicylici, ʒ^{ss};
 Collodii, flex., ʒij.
 M. et. ft. sol.

Remove the scales by a warm bath, dry the parts carefully, and apply the solution.

COCAINE IN OPENING BUBOES.—The following case is reported in the Medical Age: "G. L. aged thirty-five, had a syphilitic bubo, leaving extensive sinuses, which ran in different directions down the thigh. Time gave no indication of their closing, and I concluded to open them. The party did not bear chloroform, and it was decided to give cocaine a trial. A four-per-cent solution was injected into the fistulous canals and held there about five minutes. The effect was elegant. Where pain was excessive from exploring with a slender probe before using the cocaine, after using I passed a grooved director without sensation, and the knife caused the smallest possible amount of pain—'less than a pin scratch,' to use the words of my patient. I opened up between eleven and twelve inches of fistulous canals."

THE American Dermatological Association elected officers as follows at its recent annual meeting: Dr. Edward Wigglesworth, of Boston, President; Dr. I. E. Atkinson, of Baltimore, and Dr. A. R. Robinson, of New York, Vice-Presidents; Dr. G. H. Tilden, of Boston, Secretary; and Dr. H. W. Stelwagon, of Philadelphia, Treasurer.

THE other day a Sanford, Fla., physician, who suspected that some one was peeping through the keyhole of his office door, investigated with a syringe of pepper sauce. He found his wife, half an hour afterward, with a bandage over her left optic, and she told him that she had been cutting wood and a chip had hit her in the eye.

DR. FRANCIS ASHHURST, of Mt. Holly, N. J., died August 17th of congestion of the lungs. The deceased was a brother of Dr. Samuel Ashhurst, of the University of Pennsylvania, and a prominent practitioner.

DR. OLIVER WENDELL HOLMES celebrated his seventy-sixth birthday on Saturday, August 29th.

BRUCINE AS A LOCAL ANESTHETIC IN OTOLOGY.—At a recent meeting of the American Otological Society, Dr. Burnett, of Philadelphia, said that he had not been as successful in the use of cocaine as an anesthetic in the ear as he had been led to expect. Brucine in five-per-cent solution had, however, been of decided benefit.

CALOMEL AND BENZOLE IN THE TREATMENT OF EPITHELIOMA.—At the recent meeting of the American Ophthalmological Society, Dr. Mathewson, of Brooklyn, reported a case of rapidly-growing epithelioma of the eyelid cured by the local application of benzole, and dusting the surface with calomel.

A FATAL MISTAKE.—A few days since a physician in Hoboken, N. J., ordered some powders containing ten grains of quinine each for two young ladies. By mistake the druggist put up morphia instead of quinine. One powder was taken by each of the girls with fatal results.

LAPAROTOMY FOR INTESTINAL OBSTRUCTION.—Dr. Joseph B. Heald reports, in the Boston Medical and Surgical Journal, September 3d, a case of successful laparotomy for intestinal obstruction in an adult aged twenty-five years. This is the first successful case reported in this country.

DR. PARTINGTON, after reading of the wholesale withdrawals from the International Medical Congress, as at present governed, was heard to remark sententiously, that he feared the Congress was likely to be merely a sexual one.—*Boston Medical and Surgical Journal*.

GLYCERINE IN ACUTE NASAL CATARRH. It is said that cotton saturated with glycerine and introduced into the nares relieves the symptoms of acute nasal catarrh.

CULTIVATING COCA.—The coca plant, from which the new local anesthetic is obtained, is being planted on a considerable scale in Ceylon.

NOTHNAGEL is quoted as saying that when salicylate of sodium fails in acute articular rheumatism the benzoate of sodium will often succeed.

PROFESSOR BERGER, of Breslau, the well-known neurologist, is dead.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

COLLABORATORS:

E. R. PALMER, M. D. J. A. OCTERLONY, A. M., M. D.
WM. BAILEY, A. M., M. D.

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ERGOT AS AN ANTISPASMODIC.

Last week we published in part a letter (page 159) from the pen of E. Bonavia, M. D., Brigade Surgeon, I. M. D., of Etawah, which from a therapeutic point of view is of more than ordinary interest.*

In passing, the writer mentions the singular fact that the dogs of European breeds in India are subject to epistaxis during the excessive heat which in that land characterizes the month of June, and that by the use of ergot this hemorrhage is easily got under control, the lives of many valuable dogs having thus been saved.

But the point of prime interest is the author's statement, that ergot is a prompt and certain remedy in idiopathic hiccough. At least so it proved in a case which he quotes to the point. The hiccough resisted all simple measures of relief, and, receiving a temporary check only from the most powerful sedatives and antispasmodics, returned with renewed violence after each therapeutic essay. The patient's strength was exhausted and death seemed imminent. At this juncture ergot was exhibited on theoretical grounds alone, its "decided, ac-

tion on muscular fiber" having suggested its possible fitness here. The liquid extract was the preparation used, a fluid dram being the dose. "The first dose moderated the spasm, the second did further good, and the third or fourth stopped it altogether. The patient had some rest, but later on the hiccough returned." The ergot was resumed, and in three or four doses recontrolled the spasm and effected a permanent cure. More recently a second similar case had come under this surgeon's eye, wherein the hiccough had been held under and cured by a few doses of ergot.

Curiously enough, the author, though led by theoretical considerations to the trial of ergot in these cases, fails to set forth his view of the *methodus medendi* of the drug in its new rôle. For if we concede hiccough to be a clonic spasm of the diaphragm induced by reflex irritation more or less remote, the statement that ergot was given in the cases above named because of its "decided action on muscular fiber," is vague, if not confusing, since this decided action is therapeutically operative only upon the unstripped muscles, the striped muscles not being brought to tonic spasm until the drug has been pushed to its full toxic effect. Now, the fibers of the diaphragm are decidedly striped, and with this fact and the therapy of the drug in view there would seem to be no way of fitting the author's remark to the solution of the problem.

But even if it could be so fitted, it would not explain the action of the drug in this affection, since then its *modus* would be the substitution of a tonic for the clonic spasm. If this could be done it would doubtless control the hiccough, but it would at the same time seriously interfere with respiration, if it did not altogether cut it off.

Nor should the cheap suggestion of *similia similibus curantur* be suffered to insinuate itself here, since clonic spasm is not tonic spasm; the hiccough being but the symptomatic expression of the first, while the second would here be an expression of the physiological action of the drug.

*London Lancet, August 8, 1885.

The action of ergot in controlling the reflex spasm in question would seem to find explanation in the well-known power of the drug to slow the heart, contract the arterioles, and thereby to keep the brain, the cord, and the vaso-motor centers from receiving their physiological supply of blood. Under this disturbance of circulation, the functions of the nervous system are visibly modified; respiration is slowed, the temperature is lowered, and the nervous reflexes lessened or suspended in proportion to the quantity of the drug taken.

The use of ergot in obstinate singultus is theoretically not without promise, and now, upon the good word spoken for it by Dr. Bonavia, will doubtless be given extended trial. Indeed, we shall not be surprised to hear that already it has been successfully employed for the end indicated by certain of our home-practitioners. A bad case of hiccup is usually a good case for therapeutic experiment, and it is hardly to be expected that the ambitious young M. D. would give a patient over to death until he had tested upon him the therapeutic possibilities of every available item in the *materia medica*.

Bibliography.

Tabulæ Anatomicae Osteologiae. Editæ a CAROLO H. VON KLEIN, Artium Magistro, Medicinarum Doctore. Editio emendata. Quarto, plates 33. Cincinnati, O., U. S. A: Cincinnati Lithographing Company. 1885.

This atlas contains a very complete set of osteological plates, executed in the best style of the engraver's art. Various views of each bone are given, and every point of interest is duly indicated by its name, clearly printed in the margin. The nomenclature, as may be surmised from the title, is exclusively Latin or Latinized Greek. This feature seems to be the *raison d'être* of the work, it being, in the author's opinion, important that the nomenclature of a science should be fixed in a dead language, and never suffer variation or modification under the influence of the living tongue in which it may be taught. The idea is a good one, but can be successfully carried out only in an era which insists upon the blending of classic

with scientific culture. Such is not the present era, in this land at least, and while the *Tabulæ Anatomicae* may present to the classic medical scholar a winsome face, it will be "*tetrum ante omnia vultum*" to the majority of the profession at large.

A Treatise on Asiatic Cholera. Edited and prepared by EDMUND CHARLES WENDT, M.D., Curator and Pathologist of the St. Francis Hospital, etc., in association with Drs. John C. Peters, of New York; Ely McClellan, U.S.A.; J. B. Hamilton, Surgeon-General U. S. Marine Hospital Service; and George M. Sternberg U.S.A. Illustrated with maps and engravings. 8vo, pp. x and 403. Wood's Library of Standard Medical Authors. New York: William Wood & Co.

This work, edited and in part written by one of our most scholarly pathologists, with the assistance of four of our best known epidemiologists, is the most conspicuous unfolding of the cholera question in our language.

The book is divided into seven parts and forty-four chapters.

Part I, a history of Asiatic cholera, is the work of Drs. Peters and McClellan. The former traces the disease in a general way from the earliest records of its appearance in Europe, down to the epidemic of Spain, Italy, and France, in 1884; while the latter deals with its doings in the United States army and navy since the epidemic of 1832.

The chapters in this part of the work are very interesting reading indeed, and are so complete that the student will have little need to look elsewhere for data in this department of research.

Part II deals with the etiology of cholera. It is written by Dr. Wendt, and does full justice to all rational theories of the cause of the disease so far proposed. Here the doctrine of Koch, and the microbes of Emmerich and Koch, with all the essential points of the recent great cholera-bacillus controversy, are described and set forth with scientific justice.

Part III, The Symptomatology, Course, Duration, Mortality, Complications, and Sequelæ of Cholera;

Part IV, Morbid Anatomy and Pathological Histology of Cholera;

Part V, Diagnosis, Differential Diagnosis, and Prognosis of Cholera; the Methods of Bacterioscopy and the preparation of Pure Cultures; and Part VII, The Treatment of Cholera, are also by Dr. Wendt. These topics are all well, and some of them ably handled. The section devoted to bacterio-

scopy and pure cultures is most thoroughly developed, and would do good service as a manual for the student, should a visitation of cholera to our land give him the opportunity for practical research.

Part VI, The Prevention of Cholera, is divided into three sections. The first, on The Destruction of Cholera Germs, is by Dr. Sternberg. It contains the results of his recent admirable researches in this department of hygienic medicine. The second, on The Prevention and Spread of Cholera, is by Dr. Hamilton. This section deals with the questions of quarantine and municipal and personal prophylaxis. The case of coast quarantine is here clearly put, and its value demonstrated by conclusions drawn from the study of many epidemics. Section third, Cholera Hygiene as applied to Military Life, is written by Dr. McClellan. This is a brief but suggestive essay in the author's best style. The work is fit and timely, and the physician who has it in his possession at the time of an expected invasion of his section need scarcely look further for information relative to the disease.

A Case of Double Narcotic Addiction, Opium and Alcohol; Imbecility — Recovery. By J. B. Mattison, M. D., Brooklyn, N. Y. Reprint.

The Prevention of Opium Addiction, with Special Reference to the Value of Galvanism for Relief of Neuralgic Pain. By J. B. Mattison, M. D., Brooklyn, N. Y. Read before the Kings County Medical Society, February 17, 1885. Reprint.

These two pamphlets contain hints and facts of value to any physician who may have opium habitués under treatment. Dr. Mattison has been signally successful in the management of such cases, and by virtue of long study and large experience is entitled to rank as an authority in this department of medicine. Copies of these pamphlets may be had on addressing the author.

A Treatise on Epidemic Cholera and Allied Diseases. By A. B. Palmer, M. D., LL. D., Professor of Pathology, Practice of Medicine and Clinical Medicine in the College of Medicine and Surgery in the University of Michigan, author of a work on the Science and Practice of Medicine. 12mo, pp. 224. Price \$1.00. (Sent by mail, postage paid, to any address in the United States or Canada, on receipt of price.) Ann Arbor, Mich.: Register Publishing House. 1885.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Dr. Hallopeau, *agrégé* of the Faculty of Medicine of Paris, in a work lately published by him on general pathology, gives a very interesting note on infectious agents, upon which I shall comment, but with reference only to the principal points of the subject. The author classifies infectious agents into three principal groups: miasmata, contagia, and miasmatic contagia.

According to Dr. Bernheim, an infectious substance is termed a miasm when it has the property of multiplying itself in the interior of a medium, contagium when it multiplies itself in the organism, and miasmatic contagium when it multiplies itself in the organism and outside of it. Miasmata, properly so called, always come from the exterior, the more frequently from the soil, and are not transmitted from one subject to another. The contagia come nearly always if not always from an organism infected. The author, however, makes some reserve respecting rabies and morve, as they seem to be developed under the influence of conditions undetermined in animals not contaminated.

The miasmatic contagia may arise either from the soil, or from an infected subject; but it would appear, at least in a great number of cases, that in this condition the transmission can not be effected directly from one individual to another, and that the infected subject can not act on a new organism except on the condition of its being subjected, in an exterior medium, to a new elaboration, or to being absorbed by a subject placed in a condition of receptivity by a miasmatic influence. This would appear to be particularly the case with typhoid fever and cholera.

As cholera is occupying the public mind, I shall give an extract of Dr. Hallopeau's article on the subject.

It is known that cholera is endemic in India, and that it is frequently transported to other countries by travelers, particularly by pilgrims; it is, therefore, transmissible by man. But whether the transmission is effected directly or only through media is mooted, in other words, is the malady contagious or infectious? The question has not yet been completely resolved, but its importance is only relative, as infection thus understood differs but little from contagion;

it indicates only that the deleterious agent emanating from an individual affected must have been subjected to a certain modification before infecting another subject. The example that may be cited in favor of infection, is the singular immunity that certain localities in the neighborhood of great epidemic centers present.

The presence in the air or in the water of a country of products emanating from a cholera patient is not sufficient to produce an epidemic, other atmospheric or undetermined telluric circumstances are required. The greater part of French and Continental physicians side with the now classical doctrine of the importation of epidemic cholera. Pettenkofer, for cholera and typhoid fever, attaches great importance to the constitution of the soil and to the state of the sheets of water underground. According to this author the infectious agent is developed particularly when the sheet of water is lowered. This theory is not in accord with facts, for epidemics have been known to break out at all times and at all seasons. Dr. Hallopeau is of opinion that contagium is transmitted particularly by individuals: "The disease never penetrates into islands where quarantine is strictly carried out, it would appear to propagate itself by the air, and by drinking-water infected with choleraic dejections; a great number of subjects have been known to have been affected in the same house." Dr. Hallopeau then referred to the observations of Koch and of the French cholera mission to Egypt, and to the discrepancy that exists between the one and the other as to the rôle of the comma-bacillus found in the intestines of cholera patients. It will be remembered that the French mission questioned the relation as cause and effect between this microbe and cholera on the grounds that if there was any it ought to be found at the autopsies of all cholera patients, and this is just what has not been the case. Dr. Strauss, chief of the mission, and his coadjutors are inclined to believe that the blood is the seat of the pathogenic agent, and consequently further researches should be made in that direction; but what would militate against this hypothesis is the fact of the predominance of digestive troubles which constantly open the scene in cholera, and, taking into consideration the other concomitant symptoms, the hypothesis would be in favor of a malady primarily affecting the stomach and intestines in which the microbes are localized.

Great efforts are made to discover a substitute for quinine, the high price of which, being still maintained, is a great bar to its being more generally employed. According to the *Revue de Therapeutique*, an extract prepared from lilac flowers cures fevers of the intermittent type as surely as the sulphate of quinine. If this assertion could be verified by other experimenters they would confer a great boon on suffering humanity.

Dr. Rousseau, of Point l'Abbé, indicates the following means for preserving the ergot of rye, which is so frequently destroyed by worms: Pour ten to fifteen grams of chloroform liniment (for it is not necessary that the chloroform should be pure) into a bottle containing the ergot of rye. The worms will never develop in this, and if there are already any in the bottle, as is more frequently the case, they are destroyed. The chloroform does not in any way affect the ergot of rye, and there will be scarcely any trace of the chloroform left when the ergot is to be pulverized.

In a note by Dr. Regnault, communicated to the Société de Biologie of Paris, he stated that chloroform submitted to the solar light during the temperature of the month of July gives the first indication of decomposition two days after; in December, after five days. In contact with the air, but removed from the influence of solar radiation, chloroform is preserved pure for more than fifteen months. Exposed to diffused solar light, chloroform remains pure, on the condition of being in contact with an azotized atmosphere completely deprived of oxygen. Chloral does not, therefore, play any part in the destruction of the chloroformic molecules, contrary to the opinion of M. Personne, the sun and the air are sufficient. As it is practically impossible to prevent the action of the sun and of the air, Dr. Regnault made researches with the view of ascertaining what bodies would be susceptible, mixed with chloroform, of preventing its alteration, and he found that all the alcohols, ethylic alcohol, amylic, acetylic, prevent, though at different degrees, the chloroformic alteration. Dr. Regnault then gives the means for testing the purity of chloroform: (1) Shake the chloroform with water. The mixture should not become troubled, and ought to be divided into two layers equally translucent, the chloroform at the bottom in the form of an oily liquid and the water above. If the water become milky, this would be an indication of the presence of

alcohol. (2) If treated with sulphuric acid, the acid should remain colorless; if it be otherwise there would be organic, foreign bodies in the chloroform. (3) A solution of nitrate of silver ought not to give any precipitate. This is the only means of ascertaining that there is no hydrochloric acid mixed with the chloroform.

PARIS, August 28, 1885.

Societies.

LOUISVILLE MEDICAL SOCIETY.

Stated Meeting August 27th. The President, Dr. J. M. Clemens, in the chair.

Dr. Anna F. Lawrence read a paper on recurrent diphtheria. (See page 162.)

In the discussion Dr. Palmer said the question of latency of zymotic diseases was a very troublesome one. He at present had a case of typhoid fever, which he believed had been latent since last November. It was of practical importance to know how soon we could say the patient was out of danger. He said the period of latency varied greatly, as may be seen in syphilis. He thought we needed more statistics on the subject.

Dr. Mathews said he did not meet many cases of diphtheria. He had heard a physician claim to have one hundred cases, but thought his diagnosis in keeping with his method of treatment, which was to cling to the old practice of cauterization. If, as in Dr. L.'s cases, the membrane be subjected to examination there would not occur so many errors of diagnosis.

Dr. Reynolds said in epidemics or epidemics the period of latency seemed only a few days or hours. False membrane may form, including the epithelium and basement membrane, and yet not be diphtheritic. In the croupous condition the membrane is superficial, formed from without, but in diphtheria it is a necrotic change beginning within. He spoke briefly of the researches of Wood and Formad on this subject.

Dr. Cottell said it had been a question with him whether, when the disease occurred in a pregnant woman, it could be transmitted to the child in utero. He had had a case in the sixth or seventh month of pregnancy, afterward delivered of a healthy child. If the disease depend on a specific microbe may it not be transmitted from a mother to her unborn child? It has been

demonstrated that the bacillus tuberculosis may be so transmitted and lie latent for years.

Dr. Ray spoke of two cases of nasal diphtheria which he had under treatment, in both of which he had found complete casts of the nasal cavity. Dr. Ray also reported some cases of hay-fever treated by the method of cauterization of the sensitive areas.

Dr. Cottell said that in cases of treatment by this method, where there was apparent failure, it might be due to the overlooking of some of the affected areas, since these need not necessarily be confined to the nasal cavity. Their presence in any part of the respiratory tract would disturb the pneumogastric reflexes.

Dr. Lawrence spoke of the successful use of *Euphorbia pilulifera* for the asthmatic condition in cases of hay-fever.

Dr. Palmer reported some very interesting cases of aneurism of the aorta, and was requested to make them the subject-matter of a paper for the next meeting.

JULIA INGRAM, M. D., *Secretary*.

MISS. VALLEY MEDICAL SOCIETY.

The eleventh annual meeting of the Mississippi Valley Medical Society, formerly Tri-State Medical Society, was called to order in Evans' Hall, Evansville, Indiana, at 3 o'clock, Tuesday, 8th inst., by Dr. A. M. Owens, chairman of the Committee of Arrangements, who introduced the President elect, Dr. F. W. Beard, of Vincennes. The latter, after a few remarks, opened the convention for business.

Dr. Owens, as chairman of Committee on Arrangements first made his report.

Reading of minutes of previous meeting was dispensed with.

The following committee on credentials was appointed: Dr. Charles Knapp, of Evansville, Dr. B. R. Helm, of Henderson, Ky., Dr. Edward Borck, of St. Louis, Missouri.

Dr. Wm. Porter, of St. Louis, read a letter from Dr. Morell Mackenzie, of London, England, expressing regrets that he was unable to be present, and congratulating the Society on the good it has accomplished.

Dr. J. H. Letcher, of Henderson, moved that the Secretary be instructed to express to Dr. Mackenzie the thanks of the association.

Dr. J. A. Sutcliff, of Indianapolis, read a paper on Stricture of the Urethra, which was referred to the Committee on Publication. Comments were made by Dr. W. A. Byrd, of Quincy, Ill., Dr. Lewis Bauer, of St. Louis, Mo., Dr. A. M. Owen, of Evansville, Ind., Dr. Arch Dixon, of Henderson, Ky., Dr. G. W. Burton, of Mitchell, Ind., Dr. Joseph Eastman, of Indianapolis, Ind., and Dr. A. C. Bernays, of St. Louis, Mo.

Dr. Geo. B. Walker, of Evansville, Ind., next read an interesting paper on Puerperal Fever and Puerperal Septicemia, which, on motion, was referred to the Committee on Publication. The paper was commented on by Dr. Munford, of Princeton, Ind., Dr. Eastman, of Indianapolis, Ind., Dr. Arch. Dixon, of Henderson, Ky., Dr. Lewis Bauer, of St. Louis, Mo., and Dr. James H. Letcher, of Henderson, Ky.

The next paper was read by Dr. E. S. McKee, of Cincinnati, Ohio, on Intra-cranial Cephelematoma; this was referred to the Committee on Publication.

One of the most interesting papers of the session was read by Dr. Lewis Bauer, of St. Louis, Mo., on the Cocaine Habit. Remarks were made on the subject by Dr. James H. Letcher, of Henderson, Ky., after which the paper was referred to the Committee on Publication.

After this, Dr. James H. Letcher, of Henderson, read a paper on the Catgut Ligature, which was well received and referred to the regular committee. Remarks on the subject were made by Dr. Mumford, of Princeton, Ind., Dr. Joseph Eastman, of Indianapolis, and Dr. A. C. Bernays, of St. Louis.

The next paper was read by Dr. J. C. Pearson, of Mitchell, Ind., on Pathological Changes in Dysentery, which was, like all others, referred to the Committee on Publications. Remarks followed on the subject by Dr. Lewis Bauer, of St. Louis. Dr. James H. Letcher, of Henderson, Dr. Joseph Eastman, of Indianapolis, Dr. A. C. Bernays, of St. Louis, Dr. F. W. Beard, of Vincennes. Adjourned to meet at 8 o'clock.

EVENING SESSION.

The evening session was called to order at 8.20 o'clock by Dr. Edward Borck, of St. Louis.

President Beard then took the floor and spoke on the "History of the Tri-State Society and Progress of the Medical Profession in this Locality."

Remarks on this subject were then made

by Dr. Wm. Porter, of St. Louis, Dr. James H. Letcher, of Henderson, Dr. Joseph Eastman, of Indianapolis, and Dr. G. W. Burton, of Mitchell, Ind.

On motion the chair appointed a committee, consisting of Drs. Porter, Letcher, Bauer, Eastman, Owen, McKee, Burton and Beard, to take some action for the interest and usefulness of the Society.

Dr. A. C. Bernays, of St. Louis, followed with a paper entitled "Cholo-Cystotomy." The paper was received by the Society and referred back to the author, who will furnish illustrations for its publication.

This paper was discussed by Drs. Beard and Bauer.

On motion, the convention adjourned till Wednesday morning at 9 o'clock.

D. T. Q.

New Remedies.

Conducted by Simon Flexner, Ph. G.

OLEATE MANGANESE.—A formula for the preparation of this substance by precipitating a solution of castile soap with a solution of sulphate of manganese is given in the American Journal of Pharmacy for August. The oleate is recommended as an efficient substitute for the permanganate of potash and black oxide of manganese in amenorrhea, etc. It is an external remedy, and should be used in the form of a 20-per-cent ointment.

NEUTRAL SALICYLATE OF ATROPINE.—This salt is said to be more valuable than the suphate, and is therefore recommended as a substitute. Its preparation is not difficult, but it is important to be certain that it is perfectly neutral. It forms, when dried, a hygroscopic powder; but in solution it readily spoils, owing to the formation of some species of algæ. This fact renders the only immediately perceptible advantage it possesses over the sulphate nil.

TROCHES OF HEMOGLOBIN.—Benczur (*Dtsch. Med. Jour.*) reports upon the hemoglobin treatment as carried on in Von Ziemssen's clinic. Troches were prepared from ox-blood. The daily amount of hemoglobin given was twenty-five grains. Not only was there a marked improvement in the cases of anemia thus treated, but no gastric disturbance was observed, such as follows the administration of large doses of

iron. (New York Medical Journal.) An artificial approach to this compound is the albuminate of iron. This compound can be had in powder or solution, is very easy of administration, and its particular advantages lie in the ease with which it is tolerated and appropriated.

COMPOUND IODOFORM POWDER.—Dr. L. Championnière, of a French surgical society, recommended the following as an antiseptic dressing: Equal parts of powdered iodoform, cinchona, benzoin, and carbonate of magnesium, the latter having previously been saturated with oil eucalyptus.—*American Druggist*.

Selections.

GALVANO-PUNCTURE IN A CASE OF ANEURISM.—In the *Rivista Internat.* Dr. Brancaccio relates a case of aneurism of the ascending aorta very much relieved by galvano-puncture. There was no previous history of any value except that of alcoholism. The tumor projected about an inch in the infra-clavicular region, and was bounded above by the upper border of the second rib, to the left by the mammary line, to the right by the sternum, while below it merged into the cardiac dullness. The heart was healthy; the radial pulse, small and occasionally intermittent, was synchronous with the beat of the heart. Severe pain in the chest, cough, and dyspnea were present. Daniell's battery, consisting of fifteen elements, was employed. Two strong steel needles were plunged 3 cm. deep, 4 cm. from each other, in the third intercostal space. The left needle was connected with the positive pole, the right with the negative. The operation lasted sixteen minutes. Dr. B. saw the patient ten hours after; the pain had then disappeared, respiration was normal, the swelling diminished, the pulse from 118 had fallen to 90; altogether he was stronger and better. The second operation took place twenty days later, the number of elements being increased to twenty. Severe pain, rigors, pyrexia followed, but soon passed away. The operator thought fit, however, to lessen the number of elements to fifteen at the third and fourth operations. Eight weeks after the last operation the patient left the hospital at his own desire. His general condition was much improved. The cardiac pain

had disappeared, the tumor was smaller by at least an inch, the cardiac impulse was more powerful, the pulse more regular, fuller, and stronger. The author recommends galvano-puncture for small aneurisms which have not extensive communication with the artery. The case proves, at the same time, that the situation of an aneurism just above the aortic valves is no contra-indication to the use of galvano-puncture, as several authors have stated, thinking that the difficulties of clot formation in that situation were insuperable.

THE REFRACTION OF THE HUMAN EYE.—Dr. B. Alex. Randall, of Philadelphia, presents in the July issue of the *American Journal of the Medical Sciences* a critical study of the statistics which have thus far been obtained by examinations of the refraction, especially among school children. The results of his investigation seem to fully uphold the following conclusions:

1. Myopia is almost unknown in infancy and very infrequent before the beginning of school-life. In the earlier school years its percentage is still low, and it is only in advanced classes, especially of the German schools, that it ever attains to a preponderance. It has been found in not more than $39=2.54$ per cent of 1534 eyes of infants, in not more than $28=7.86$ per cent of 356 eyes of children under the school age, and in only $1582=6.79$ per cent of 23,315 eyes of children examined during the first three school years—figures which more accurate methods might have made lower. Among 3052 eyes of young men, upon whom the school influence had not been excessive, it was found in $347=11.4$ per cent, a percentage which probably oversteps the maximum which it is likely to attain outside of the schools.

2. Hypermetropia is the enormously preponderating condition in infancy and early childhood, and the first years of school-life witness little reduction in its proportion. Outside of the schools it remains by far the most frequent refraction throughout life, and in the schools it is decreased by the change of the myopic refraction in a degree apparently varying according to the circumstances calling into existence that defect. It was found in $1400=91.26$ per cent of the 1534 eyes of infants examined, in $291=81.75$ per cent of the 356 eyes of young children, and in $2564=76$ per cent of the 3358 eyes of children in the elementary school years, among whom it was sought

with adequate care. So also, in the higher schools, it constituted at least 56 per cent of the whole number of eyes studied by competent methods, being found in 5587 of the 9965 examined.

3. Astigmatism has been rarely sought with care, and the data with regard to its frequency are not sufficiently wide to justify definite conclusions. The findings of the studies where it has been well looked for, concur with the clinical work in indicating a measurable degree of astigmatism (0.5 D. or more) in the majority of ametropic eyes.

4. Emmetropia in a mathematically strict sense has probably no existence. Approximating emmetropia ($\text{Am.} < \pm 0.5$) is infrequent in all ages, probably at no epoch exceeding 10 per cent. Its apparent proportion is swollen by the array of eyes "*not proven*" ametropic, and we have but few studies where the accommodation has been with certainty set aside and its existence fairly well shown. Cohn, among 299 atropinized eyes, proved in no single instance its presence. Under hemotropine Hansen found in it but 16 of 1610 eyes, and Durr in 30 of 414 eyes; it constituted at most $60 \div 2.6 = 2.6$ per cent of these 2323 eyes. Among the infants and young children $136 \div 7.36 = 7.36$ per cent of the 1834 examined under atropine may have been emmetropic; and Roosa's brief study indicates that it is probably as rare in adult life, even when perfect function apparently proves its presence.

5. The question of what is the *normal refraction* of the human eye is still an open one, and further material on the subject and closer data in hand will be necessary before drawing conclusions as to it. Much light will be thrown upon the question by studies like Risley's of the relations of normal vision, intraocular health, and functional comfort, to the refraction. For the present the conclusion of this author, whose work stands almost alone, may be accepted. "The emmetropic is the model or standard eye—since emmetropia is shown not only to remain nearly constant in percentage throughout the school life, but that it is also the condition of health, and withal enjoys the highest acuity of vision and the greatest freedom from pain. Yet hypermetropia is the prevailing—almost the exclusive—condition of the refraction among most animals, among children, among uncivilized people, and among all eyes uninjured by the educational process.

THE INFLUENCE OF OVARIOTOMY ON SURGERY.—In an interesting paper on the influence of Ovariectomy on Surgery, read before the Massachusetts Medical Society (Boston Medical and Surgical Journal), Dr. John Homans, of Boston, said:

Twenty-five or thirty years ago, the interior of the abdominal cavity, except to an occasional ovariectomist, or to a performer of cesarean section, was a *terra incognita*, and not only unknown, but feared and dreaded. The occasional, I had almost said every day occurrence of stabs in the abdomen, letting out the intestines and followed by recovery, taught surgeons nothing in regard to the harmlessness of simple incisions of the peritoneum, and each case was treated with dread, and the rapid convalescence was recorded with wonder and reported as extraordinary. Still more severe injuries, caused by stakes or pitchforks penetrating the abdomen, only served to cause the instruments of these wounds to be preserved in museums, and the patients to be exhibited as surgical curiosities. No one saw and acted on the evident truth that a simple incised wound of the abdominal parietes was almost innocuous. This dread of the peritoneum was caused partly by the experience of surgeons in herniotomy delayed too long, or by seeing peritonitis and death follow a wound of the peritoneum made in a vaginal surgical operation; and by the experience of the physicians in autopsies following septic peritonitis after childbirth, in which the intestines were found of a deep purple color and glued together by lymph and pus. All these experiences made the surgeon of twenty-five years ago fear to wound the peritoneum, and held him back from opening it voluntarily and exploring its cavity. To look back now on the long list of recorded cases of men who were found in the streets with incised wounds of the abdomen, and whose intestines, covered with dirt, were carefully washed and replaced within the belly and kept there by sewing the wounded walls together, and who almost invariably recovered, makes us wonder that some one did not see that, if this class of wounds was followed by recovery, how much more likely were wounds carefully made by a cleanly surgeon to unite and heal up!

I will not trace the history of ovariectomy from its first performance by McDowell, of Kentucky, in December, 1809, to the present time, but will enumerate some of the operations and triumphs of abdominal sur-

gery which have grown out of the familiarity with the peritoneum brought about by ovariectomy.

The first operation which followed the removal of ovarian tumors was a removal of fibroid tumors of the uterus. This operation is only to be done in exceptional instances, and its success will probably never equal that of ovariectomy; but the splendid results of Dr. Keith, of Edinburgh—thirty-five cures out of thirty-eight operations—show us what can be accomplished in the performance of this very formidable operation. When it was found that wounds of the intestine, made during an ovariectomy, often united when carefully sewn together, the natural inference was made that intentional wounds of the bowel could also be healed, and this inference was acted on and resection and suture of the intestine for the cure of fecal fistula was successfully done.

Two cases of artificial anus have been cured by this operation by Dr. Porter at the Massachusetts General Hospital within the last eighteen months. It seems very hard, even now, to believe that the intestines can be pulled out from the abdominal cavity, pared, sewed together and returned, and the abdominal wound completely closed at once, and a cure result. But I have myself seen it three times—and seeing is believing. Who does not remember some dreadful sufferer, with an intestinal fistula following a strangulated hernia, dragging on a miserable existence, avoiding and avoided, without control over his offensive fecal emanations, solid, liquid, or gaseous. Now, to-day, ovariectomy has made possible an operation by which this sufferer can be made completely well again.

Laparotomy is done for operations likely to be successful, often or seldom, for cases almost sure to recover, and in desperate cases as a last resort, a forlorn hope. By means of it the spleen has been removed, cancers of the stomach and intestines have been cut out, gallstones have been removed from the gall-bladder, foreign bodies from the stomach and bowels, calculi from the kidneys, and even cancerous and diseased kidneys have been excised. The pain and discomfort from floating kidneys has been relieved by sewing the kidney to the abdominal parietes and fixing it in place. All of these operations have been successful in numbers of instances. Perhaps one of the most remarkable instances of successful abdominal surgery is the recent case of Dr. Bull, of New York, who opened the abdo-

men in a case of pistol-shot wound, found seven perforations of the bowel, sewed the holes together and cured the patient completely. I saw Mr. Thornton last summer, in London, lay open the stomach and remove a mass of hair shaped like a sausage and nine inches long by two thick. After the removal of this mass, the wound in the stomach was very carefully and patiently sewed together, and the woman did not even vomit during her convalescence, which was uninterrupted. It may be interesting to say that the mass of hair was the accumulation of nearly twelve years, during which the woman swallowed what she had combed out each night and morning. Mr. Tait, of Birmingham, has shown that great suffering is caused by pus in the fallopian tubes, and has cured many cases by removal of the tubes. You would be surprised to see how large these tubes, distended with pus, sometimes become. I have seen them of the size of a cow's horn, twisted and convoluted. Removal of the ovaries for hysteria, for insanity, and for the cure of painful menstruation (Battey's operation) has also been done. The sphere of this last operation should be closely and carefully limited, but in certain cases it is a proper proceeding. Removal of the uterine appendages, to bring about atrophy of uterine growths, is very legitimate and promises well. Laparotomy has been done successfully and unsuccessfully in cases of intestinal obstruction. As the diagnosis of the causes of obstruction becomes more precise, so will its relief by surgery be more certain. Up to the present time the failures, I think, outnumber the successes. Laparotomy is also properly done to ascertain the character of growths within the abdomen when we are ignorant of their nature and uncertain whether we can remove them.

Simple laparotomy, properly done in a healthy subject, has no mortality, or perhaps a very small percentage, and is practically innocuous. *All of these advances in abdominal surgery, all of these triumphs and discoveries in an unknown region of the body, have been caused, brought about, and made possible by ovariectomy.*

NEW EXPERIMENTAL AND CLINICAL RESEARCHES UPON BRIGHT'S DISEASE.—Prof. Mariano Semmola deduces the following conclusions from the results of his latest experimental and clinical researches upon Bright's disease:

1. Albumen can traverse the renal tissue

without any previous alteration in the histological elements of the kidney, and without leaving any trace of its passage.

2. If the passage of albumen be persistent, the first effect is hyperemia with intraglomerular and intratubular hemorrhage, and the capsule is distended in a mass after boiling, and sometimes is simply raised and separated from the glomerulus by an empty space. There is also observed considerable migration of leucocytes without any alteration of the epithelium. The urine contains hyaline cylinders. These are the first results of an inflammatory action in relation with the functional activity of the kidney.

3. If the functional process persists beyond even eight or ten days, especially with the injection of albumen in the proportion of one gram for every thousand grams of the animal's weight, the invading process is attended by a mild inflammatory action, in addition to a turbid swelling of the epithelium of the tubules, fatty degeneration, and thickening of the intratubular connective tissue.

This proves that the functional activity, which the kidney must sustain in the gradual and prolonged elimination of unassimilable albumen, is apt to provoke successively in different parts of the organ an inflammatory process, which, commencing in simple hyperemia, may result finally in the establishment of interstitial nephritis. Prof. Semmola is convinced by repeating the experiments and injecting very minute quantities of albumen, in order to have the experiments well under control and preserve the life of the dog for seven or eight months, that they will result in producing the last phases of the large white kidney—that is to say, the atrophic kidney.

4. The histological alterations in the kidney persist for some time after the injection of the albumen without producing a continuation of the albuminuria.

5. Along with the elimination of albumen with the urine is also observed albuminuria; that is to say, the elimination of a certain quantity of albumen with the bile.

In relation with the above experiments, Prof. Semmola proposes to continue his researches on the pathology of Bright's disease with the following experiments to determine:

1. The comparative influence upon renal elimination produced by the injection of albuminose, which is presumably more assimilable, such as serum of blood, albumino-peptones, white of egg, and milk.

2. The influence of albuminous injections upon the crisis of the blood, and upon the elimination of a quantity of albumen greater than that injected.

3. The influence of albumen injections upon degree of activity in the combustion of nitrogenous matters and upon the production of urea.

4. The influence of albuminose injections upon the dyscrasic condition of the blood, and their relations with the production of anasarca.—*La Medicina Contemporanea*.

INHALATIONS OF OXYGEN IN PUERPERAL ECLAMPSIA.—At a recent meeting of the medical section of the Kharkov Society of Experimental Sciences, Professor G. Lashkevitch, in the course of a communication on the therapeutic value of oxygen in neuropathology, pointed out that oxygen possesses a considerable power in lowering an increased reflex action, and made the suggestion that oxygen inhalations may prove of service in cases of puerperal eclampsia. Acting upon the suggestion of Professor Lashkevitch, Dr. V. G. Favre, of Kharkov (*Vratch*, No. 13, 1885), resorted to oxygen in two cases, and obtained brilliant results. The first of the cases was that of a seamstress, primipara, aged nineteen, who was brought to the hospital in an unconscious state, with cyanosis, stertorous breathing, and frequent eclamptic seizures, each of the latter being preceded by a uterine contraction. Warm baths, wet packings, and enemata with chloral-hydrate brought no relief; chloroform-inhalations only slightly controlled the intensity of the convulsive paroxysms. In view of the failure of all these means oxygen was tried. In five from the beginning of the inhalations the patient asked for water, and then fell into a quiet sleep of two hours duration, the pulse descending from 120 to 90 per minute; uterine contractions ceased to be a starting point for convulsion fits. The latter reappeared each time when the inhalations had been stopped, and again gave place to sleep and quiet on resuming the administration of oxygen. The delivery was accomplished with the help of Barnes' dilators and of punctures of the membranes. The patient left the hospital on the nineteenth day after the labor, her general health and the state of the kidneys being greatly improved under an appropriate treatment. A second patient, primipara, aged eighteen, was attacked with eclampsia about an hour and a half after the labor. Two severe paroxysms

(each of twelve minutes duration, separated by a free interval of twenty minutes, during which the patient remained unconscious) had occurred before oxygen inhalations could be resorted to. Consciousness returned immediately. Four more paroxysms occurred, but they were considerably milder, and separated by the intervals of absolute comfort; indeed, the patient took her tea and dinner between the eclamptic fits. She made a rapid recovery. Encouraged by his success, Dr. Favr enthusiastically invites all professional brethren to give a trial to so simple a weapon against so formidable a foe, and even goes so far as to ardently hope that in a near future oxygen-gasometers will be found in all lying-in hospitals, side by side with forceps, cranio-clasts, cephalotribes, and other necessary instruments.—*London Medical Record*.

DEVIATION OF THE NASAL SEPTUM—Although the introduction of the laryngoscope nearly thirty years ago rapidly developed a new area in the diagnosis and treatment of diseases of the larynx, it is a much shorter time since greater attention has been paid by specialists to affections of the nose and its adjacent parts. In the July number of the *American Journal of the Medical Sciences*, Dr. J. W. Gleitsmann, of New York, in an instructive paper on deviation of the nasal septum, points out the different important functions performed by the nose in the human economy, and the results of interference with these functions. The upper part of the nasal cavity, the olfactory region, presides over the sense of smell, while the lower one, the respiration, is the normal way for the air during the act of respiration. Interference with this natural channel leads to mouth-breathing with its manifold subsequent evils. When the air passes through the nose it is not only cleansed and moistened but it also reaches the lungs much warmer than when breathing is going on by the mouth. Nasal respiration with closed lips further exerts a negative pressure of two to four milligrams of mercury in the oral cavity, by which the tongue is drawn to the hard palate, and the muscular action, maintaining the position of the lower maxilla, greatly assisted. The nose also acts the part of a resonant chamber for the human voice, and nasal obstruction imparts to it the so-called dead character described in Meyer's paper on adenoid vegetations. Finally, it is due to the anatomical relations of the nose to the eye and

ear that cases of catarrhal conjunctivitis, lachrymal fistula, frequently only heal when co-existing nasal affections are relieved, and that the latter are, in an overwhelming number of instances, productive of aural disease often of the severest kind. Aside from the symptoms of nasal stenosis in a greater or less degree, deviations of the septum, Dr. Gleitsmann points out, are apt to cause disfigurement of the face, and also have some relation to the bony structures of the head, which he fully explains. The pathology, etiological symptomatology, and the treatment of the deviations is fully discussed.

It is stated that the professorship at South Kensington, vacant by Prof. Huxley's retirement, will not be filled up, and that, instead of it, two lectureships of £300 a year each will be created.

THE number of students in the Free University of Amsterdam is fifty, of whom thirty-nine belong to the Faculty of Theology.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from August 30, 1885, to September 5, 1885:

Mrgruder, D. L., Lieutenant-Colonel and Surgeon, granted leave of absence for fifteen days. (S. O. 201, A. G. O., September 3, 1885.) *Middleton, Passmore*, Major and Surgeon, assigned to duty as Attending Surgeon at these headquarters, vice Major J. V. D. Middleton, Surgeon, hereby relieved. (S. O. 131, Dep't of the Missouri, August 28, 1885.) *Girard, Alfred C.*, Captain and Assistant Surgeon, assigned to duty as Post Surgeon at Boise Barracks, Idaho Territory. (S. O. 142, Dep't of the Columbia, August 22, 1885.) *Davis, Wm. B.*, Captain and Assistant Surgeon, having reported for orders from leave of absence, assigned to duty at Fort Porter, N. Y., as Post Surgeon. (S. O., 183, Dep't of the East, August 28, 1885.) *Kane, John J.*, Captain and Assistant Surgeon, upon expiration of his present leave of absence, to be relieved from duty at Willet's Point, N. Y. H., and to report to commanding general Dep't of Texas for assignment to duty. (S. O. 201, A. G. O., September 3, 1885.) *Banister, John M.*, Captain and Assistant Surgeon, assigned to temporary duty at Camp of Competitors at Creedmoor, N. Y., arriving not later than September 4, 1885. (S. O. 58, Div. of the Atlantic, August 31, 1885.) *Richard, Charles*, Captain and Assistant Surgeon, to be relieved from duty in Dep't of the East and to report to the commanding officer, Willet's Point, N. Y., for duty at that station. (S. O. 201, C. S., A. G. O.) *Kendall, Wm. P.*, First Lieutenant and Assistant Surgeon (recently appointed), to report in person to the commanding general Dep't of California for assignment to duty. (S. O. 201, A. G. O., September 3, 1885.)

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SOME POPULAR ERRORS IN REGARD TO
SKIN DISEASES.

BY J. CLARK M'GUIRE, M. D.

Familiar appellations for skin diseases are not confined to the laity. In former days, when the names of affections of the skin were surrounded by obscurity, when many terms were used to designate a particular disease, there was some excuse for physicians using the more familiar terms known to the laity; but at the present time, when, with few exceptions, diseases of the skin are known the world over by scientific terms, derived for the most part from the Greek and Latin, there is no more excuse for a professional man using a wrong and unscientific term for these diseases than for any other class. Even in our colleges, with few exceptions, skin affections are either slighted or completely ignored. It is presumable they are neglected to such an extent on account of their unimportance, but in refutation of this one has only to refer to the literature of dermatology, to such books as Hebra on Diseases of the Skin, five volumes, or to recall such names as Hebra, Kaposi, Neuman, of Vienna, Sir Erasmus Wilson, Tilbury Fox, Addison, of England, Bulkly, G. H. Fox, Duhring, and Piffard, of this country, and a host of others, men who have devoted their life-study to this subject, and who have not superiors in any branch of the medical profession. There are physicians of good standing who acknowledge they do not even know the names of the majority of skin diseases, who have no more idea of the meaning of the words morphea, xanthoma, than they have of who is the king of the Sandwich Islands, and yet they would not acknowledge their ignorance of any other class of diseases.

Physicians, even those known to the scientific world, while discussing some important scientific question before a body of professional men, have been known to use the terms "liver spots," "milk crusts," "tetter." Such expressions, in the majority of cases, would be overlooked or accepted as correct terms, and yet if terms of like kind were used to designate diseases of other organs, the speaker would be laughed at, or at least thought to be very careless as to his nomenclature of important diseases. It seems permissible to apply to skin diseases the most diverse, ridiculous, and unmeaning names, while, if referring to diseases peculiar to the eye or other important organs, the doctor would at least *endeavor* to use scientific and correct terms. Let us see what some of the most common expressions mean, if they have any definite meaning. "Tetter," according to Tilbury Fox, is of uncertain application. Bulkly refers to "dry tetter" as psoriasis, "eating tetter" as lupus. It may mean eczema. Webster defines it as synonymous with herpes, and it may mean "skin disease," "bakers' itch," "grocers' itch," may mean either eczema or lichen. "Blood boil" has no scientific meaning, and is applied to various diseases. "Red gum," "tooth rash," "white gum," may refer to lichen in children, or eczema papulosum. The expression "army itch" would lead one to suppose it was distinct from scabies, yet we know it to be the same as ordinary scabies. "Milk crusts" usually means eczema vesiculosum, but, as Tilbury Fox says, it has no significance, and may be made to include many different affections. "Liver spots" may refer to chloasma, a pigmentary affection of the skin, or to tinea vericola, a vegetable parasitic disease. "Hives," according to Duhring, is synonymous with urticaria; according to Tilbury Fox, with chicken-pox.

We have heard physicians say authorities differed so materially in regard to the eti-

ology, pathology, and treatment of skin affections they did not think it worth their while to make a study of the subject; but if this is true, is it only applicable to diseases of the skin? In looking up the treatment of Asiatic cholera, I find the very best authorities in general practice differ very radically. Dr. McClelland, United States Army, says, "The evidence is conclusive that the exhibition of opium, followed by alterative doses of calomel, almost invariably arrests the disease when in the premonitory stage." Dr. Johnson, Kings College, London, regards evacuants safe, opiates dangerous, in the early stages of the disease. Sir Thomas Watson entirely agrees with him. Dr. John Murray, Inspector-General of Hospitals Indian Medical Service, holds exactly the opposite views, that is, that evacuants are dangerous, opiates safe treatment in the early stages. Dr. John Sullivan, British India, altogether rejects the treatment by elimination. William Stevens, London, believes in the saline treatment. Dr. Loomis says the first great object of medicinal treatment is to control the prodromal diarrhea. For this purpose opium is the most reliable drug. Dr. Naphey refers to opium as though, still much employed in the acute stages of the disease, it is no longer regarded as the sheet-anchor in cholera. Brown-Séguard states that morphia hypodermically at the onset *will cure the disease*.

As to the etiology of skin diseases, how often we hear the expression "bad blood." Has this term any meaning? If it has, it must mean a depraved state of the blood that can be recognized by chemical reagents, or by the microscope, but Bulkly says, "Chemical and microscopical studies fail to show there is 'bad blood' in any of the diseases of the skin." Another popular error is the danger of "driving in" skin diseases. We have even known a physician of *good standing* to sum up the whole treatment, etiology and diagnosis of skin diseases in general, in the following graphic language: "Skin diseases are usually caused by *bad blood*. Call the disease eczema, or—, or—, give a little arsenic internally, oxide zinc ointment locally; but above all be careful not to *drive in* the disease too soon. This is *very* important." To quote Dr. Bulkly again, "Some old woman, male or female, medical or lay, has warned the patient or friends that such and such an eruption should by no means be cured on account of the danger of driving in the disease."

LOUISVILLE, KY.

DIGITALIS.

BY W. SYMINGTON BROWN, M. D.

Polypharmacy is at one and the same time a sign of weakness and an admission of ignorance. We are slowly emerging from its shadow. Brown-Séquard's neuralgic pill is among the latest gasps of this expiring custom. I do not mean to say that we should never combine potent medicines in the same prescription; but I do say that it is safer and more satisfactory to administer one at a time. Of course, I do not refer to mere diluents, or adjuvants of a simple nature.

I also think that if every conscientious practitioner were to adopt a rule not to prescribe any medicine until he had thoroughly studied it, this tendency to mix up things would receive its death-blow. Some one may ask, "How are we to find out about new remedies?" I answer, by experimenting with them on ourselves, or on those who are willing to be experimented upon. Hahnemann's disciples profess to "prove" their sugar pellets and high-toned dilutions in this way; and manage to prove the depth to which human folly may descend—nothing more.

One way to facilitate the work would be to limit the number of medicines habitually administered. The fewer we employ, of course, the easier it will be to study them thoroughly. The present tendency is for the wholesale druggist to decide what should be used; the physician is not much more than his aide-de-camp, which positions, it is scarcely necessary to say, ought to be reversed. If, as a general rule, we were to confine ourselves to the following list, I think it would be better for all parties:

- | | |
|----------------|-------------------------|
| 1. Opium, | 11. Cocaine, |
| 2. Cinchona, | 12. Sulphuric ether, |
| 3. Digitalis, | 13. Chloroform, |
| 4. Aconite, | 14. Hydrate of chloral, |
| 5. Nux vomica, | 15. Arsenious acid, |
| 6. Aloes, | 16. Mercury, |
| 7. Iodine, | 17. Iron, |
| 8. Bromine, | 18. Ergot, |
| 9. Sulphur, | 19. Sodium-sulphate, |
| 10. Ammonia, | 20. Pot. Permanganate. |

This list does not include a large number of domestic remedies, such as hot water, vinegar, mustard, cosmoline, etc., but it is intended to include the various forms and chemical compounds of each article.

I respectfully suggest that we discuss the more important of these medicines *seriatim*,

and, by way of starting the ball, I propose to make a few remarks to-night on DIGITALIS.

Foxglove is a handsome biennial plant, growing wild in Great Britain, along hedges, and in sterile, uncultivated fields, in great abundance. The best time to gather the leaves is in May of the second year, before flowering; those near the ground are larger, and contain more of the active principle, digitaline. The seeds are also used, though rarely. When the fresh leaves can be procured, an infusion is the best form to administer it in. The tincture is most commonly employed in this country. The dried leaves may be given in the form of powder. The leaves are also occasionally applied as a poultice. Digitaline ($\frac{1}{100}$ gr.) in solution may be injected hypodermically. The English leaves cost about four times as much as the Shaker article raised in this country, and six times as much as the leaves imported from Germany.

Digitalis is a very ancient remedy. The name is mentioned in a manuscript referred to the eleventh century, and its properties were described by Fuchsius more than three hundred years ago. Only thirty years have elapsed, however, since the exact nature of its operation has become moderately well understood by physicians. We will first examine briefly its therapeutic properties, then the diseases and doses in which it has been successfully employed.

Digitalis is not a dangerous drug, like aconite or gelseminum. There are very few deaths on record from over doses, and some of these are doubtful. The symptoms of poisoning with digitalis are said to be dizziness, syncope, pain in the abdomen, emesis, purging, salivation, dilated pupils, intermittent pulse (less than forty beats a minute), and suppression of urine. I have never seen a case. Large doses (from one to two ounces of the tincture) have been given in delirium tremens with good results. As large a dose of tincture of aconite would certainly prove fatal. A private soldier in our 33d Reg. Mass. Vols., swallowed about an ounce of tincture of aconite (mistaking it for brandy), and, although we discovered the fact within eight minutes, and the man's stomach was rapidly emptied, he died within two hours. A lady patient attended by Dr. Moses Parker, in Melrose, took a teaspoonful of tincture of gelseminum (it had been prescribed for her in six-drop doses), and died in a few hours.

Digitalis has two marked properties: it

is a heart tonic and a diuretic. It seems to exercise more control over the circulatory than the nervous system. About two years ago Dr. Samuel G. Webber, of Boston, prescribed it for me, and I carefully watched its effects on my own person. Next to the preparations of opium and cinchona, I have given it to patients more frequently than any medicine in the list. And the result of my observations for twenty-five years is that digitalis acts slowly, too much so to conclude that it directly affects the nervous system. Another conclusion I have arrived at is, that it is not a cumulative medicine, in the ordinary sense of that term. Our own Dr. Odlin holds the same opinion. On account of its slow solubility in the blood, it may appear to accumulate when too rapidly administered. An interval of six or eight hours should be allowed between doses. In some patients it produced diarrhea.

In medicinal doses, digitalis steadies the heart's action, lessens the number of beats, allows the coronary arteries to supply nourishment to the enfeebled organ (which is only possible during the diastole), and contracts the arterioles all over the body. In poisonous doses, it seems to tetanize the heart, at last totally arresting its movements. Experiments on the lower animals and a few post-mortem examinations in man show that the left ventricle is always empty and rigidly contracted after death caused by poisonous quantities.

The following is a list of the more important diseases in which digitalis has been given advantageously:

1. In mitral obstruction, and generally whenever effusion occurs from debility. When dropsy supervenes from heart disease, when the face is dusky, the jugular veins distended, the breathing hurried, and the pulse feeble and intermittent—small doses of digitalis, aided by position and stimulants, will often work wonders. In some cases, where the left ventricle is both, dilated and hypertrophied, it may be given tentatively.

2. After rheumatic fever, when the pulse is feeble, rapid and irregular, combined with salicylate of soda. It is also useful in the later stages of typhoid fever. In moderate doses it reduces the temperature in all fevers.

3. In atonic uterine hemorrhage, and as a hemostatic after surgical operations on the uterus, it may be alternated with ergot. In giving digitalis it not unfrequently oc-

curs that the pulse is accelerated at first for a few hours, although the final effect is to reduce the number of pulsations.

4. In delirium tremens. Very large doses have been given successfully in this affection. I recollect attending a case in Scotland, many years ago, assisted by my tutor, where we gave tincture of digitalis in half-ounce doses, after a fair and futile trial of opium, and the patient recovered. He was a regular toper, full of morbid fancies, and he would only consent to swallow the medicine on condition that I scratched his back, during which interesting process he fell asleep. I remember that Dr. Glen was in doubt whether it was the digitalis or the scratching which saved him.

5. Drs. Nelligan and Corrigan, of Dublin, strongly recommended it in epilepsy. They gave two ounces of the infusion at bedtime, continued for four nights, with an interval of two nights, then repeated as before. My experience of its use in this affection is not extensive, and not very favorable.

6. In spermatorrhea it occasionally proves beneficial. The influence of digitalis on sexual desire, in both sexes, is decidedly sedative and anaphrodisiac. It only exerts this influence, however, after the lapse of weeks.

7. In bleeding piles. A good form for this disease is the powder made into pills with tar, each pill containing one grain of digitalis. Four may be swallowed daily.

8. In maniacal cerebral excitement the hot infusion, sweetened, in teaspoonful doses, twice a day or oftener, sometimes answers the purpose of quieting the patient better than the bromides.

In studying any disease, I think that we should first jot down the apparent evident symptoms, without indulging ourselves by assigning a *cause* for them. The same remark applies to the remedies we employ in treating a disease. Mixing up so-called causes with facts misleads the searcher after truth more than any thing else. For there are latent processes we do not see, and can not trace, which require time to bring about, and sadly interfere with our calculations and predictions. This is true even in mechanics. An observing railroad engineer will tell you that his engine takes fits of sulking, as he calls them; that is, some hidden process is going on in the metal about which he is ignorant, and consequently can not account for.

To return to digitalis. In all cases great

care must be taken to watch the effect of the medicine. It is better to begin with small doses, observing the results from day to day. When we have reason to suspect fatty degeneration of the heart, it should *not* be given. In ossification of the aortic valves and in croupous pneumonia, digitalis is likely to do more harm than good. As a general rule, it is not serviceable in robust patients; and it only acts as a diuretic during the presence of dropsical fluid. The dose should be diminished as soon as the amount of urine secreted becomes less. The main benefit derived from digitalis seems to be the relief of *irregular* pulsation by imparting tone to the heart and arteries. Like opium, its first effect is stimulating, its second effect is sedative.

STONEHAM, MASS., July, 1885.

Miscellany.

THE INTERNATIONAL MEDICAL CONGRESS. Pursuant to the call of its Chairman, the American Medical Association's Committee on the reconstruction of the Congress preliminaries met in New York City, September 3, 1885, the following-named members being present:

Dr. G. Baird,	Dr. John S. Lynch,
Dr. Robert Battey,	Dr. R. C. Moore,
Dr. L. P. Bush,	Dr. William Pierson,
Dr. R. Beverly Cole,	Dr. N. J. Pitman,
Dr. W. C. Dabney,	Dr. L. A. Sayre,
Dr. Ellsworth Eliot,	Dr. X. C. Scott,
Dr. A. Y. P. Garnett,	Dr. John V. Shoemaker,
Dr. S. C. Gordon,	Dr. F. L. Sim,
Dr. J. W. S. Gouley,	Dr. E. F. Upham,
Dr. J. B. Hamilton,	Dr. W. H. Wathen,
Dr. Geo. A. Ketchum,	Dr. W. C. Wile,
Dr. R. A. Kinloch,	Dr. A. H. Wilson,
Dr. D. A. Linthicum.	

The following named members were represented by proxies:

Dr. E. P. Cook, by Dr. N. S. Davis, proxy.
Dr. A. R. Smart, by Dr. William Brodie, proxy.
Dr. J. M. Taylor, by Dr. E. P. Sale, proxy.

The committee was called to order at 12 M., September 3, 1885, by the Chairman, Dr. R. Beverly Cole.

The resignation of Dr. L. A. Sayre, of New York, as member of the committee, was received and accepted, and Dr. A. Flint, jr., of New York, was elected to fill the vacancy, and took his seat with the committee. The resignation of Dr. Sayre was caused solely by ill health.

From the report of the Secretary of the Committee of Arrangements, as published in the Journal of the American Medical Association, we copy such items of the

proceedings as seem to be of general interest to the profession.

RULES.

1. The Congress shall consist of members of the regular profession of medicine, and of such other scientific men as the Executive Committee of the Congress may see fit to admit, who shall have inscribed their names on the register, and shall have taken out their tickets of admission.

2. The dues of members of the Congress shall be ten dollars each for members residing in the United States.

There shall be no dues for members residing in foreign countries.

Each member of the Congress shall be entitled to receive a copy of the "Transactions" for 1887.

3. The Congress shall be divided as follows, into seventeen sections:

- I. General Medicine.
- II. General Surgery.
- III. Military and Naval Surgery.
- IV. Obstetrics.
- V. Gynecology.
- VI. Therapeutics and Materia Medica.
- VII. Anatomy.
- VIII. Physiology.
- IX. Pathology.
- X. Diseases of Children.
- XI. Ophthalmology.
- XII. Otology and Laryngology.
- XIII. Dermatology and Syphilis.
- XIV. Public and International Hygiene.
- XV. Collective Investigation, Nomenclature, Vital Statistics, and Climatology.
- XVI. Psychological Medicine and Diseases of the Nervous System.
- XVII. Dental and Oral Surgery.

Dr. S. C. Gordon, of Maine, recalled his withdrawal from the Congress, which action was accepted by the committee.

The following named gentlemen were elected to fill vacancies in the Committee on Arrangements:

- Dr. J. K. Bartlett, Wisconsin.
- Dr. J. H. Baxter, U. S. Army.
- Dr. George Goodfellow, Arizona.
- Dr. Henry Leffman, Pennsylvania.
- Dr. John Morris, Maryland.
- Dr. J. R. Tipton, New Mexico.
- Dr. Thomas J. Turner, U. S. Navy.

The following resolution was adopted:

Resolved, That the representative or representatives in this committee from each State, Territory, or Government Department, shall organize the Financial Committees in their respective States, Territories, or Government Departments.

It was decided that no person should occupy more than one position in the organization of the Congress.

It was also decided that, in the published lists of the officers of the Congress, the names of the Vice-Presidents and Secretaries of the Congress, and the Vice-Presidents, Secretaries, and members of Councils of the Sections, should be arranged alphabetically.

OFFICERS OF THE CONGRESS.

PRESIDENT.

Austin Flint, M. D., LL. D., New York.

VICE-PRESIDENTS.

W. O. Baldwin, M. D., Alabama.

H. I. Bowditch, M. D., Massachusetts.

William Brodie, M. D., Michigan.

Henry F. Campbell, M. D., Georgia.

W. W. Dawson, M. D., Ohio.

R. Palmer Howard, M. D., Canada.

E. M. Moore, M. D., New York.

Tobias G. Richardson, M. D., Louisiana.

Lewis A. Sayre, M. D., New York.

J. M. Toner, M. D., District of Columbia.

The President of the American Medical Association.

The Surgeon-General of the United States Army.

The Surgeon-General of the United States Navy.

The Supervising Surgeon-General of the United States Marine Hospital Service.

SECRETARY-GENERAL.

Nathan S. Davis, M. D., LL. D., Illinois.

TREASURER.

E. S. F. Arnold, M. D., M. R. C. S., New York.

CHAIRMAN OF THE FINANCE COMMITTEE.

Frederick S. Dennis, M. D., M. R. C. S., New York.

EXECUTIVE COMMITTEE OF THE CONGRESS.

Austin Flint, M. D., LL. D., President of the Congress.

Nathan S. Davis, M. D., LL. D., Secretary-General.

E. S. F. Arnold, M. D., M. R. C. S., Treasurer.

Frederick S. Dennis, M. D., M. R. C. S., Chairman of the Finance Committee.

PRESIDENTS OF THE SECTIONS.

A. B. Arnold, M. D., General Medicine.

William T. Briggs, M. D., General Surgery.

Henry F. Smith, M. D., Military and Naval Surgery.

DeLaskie Miller, M. D., Obstetrics.

Robert Battey, M. D., Gynecology.

F. H. Tirrell, M. D., Therapeutics and Materia Medica.

William H. Pancoast, M. D., Anatomy.

John C. Dalton, M. D., Physiology.

E. O. Shakespeare, M. D., Pathology.

J. Lewis Smith, M. D., Diseases of Children.

A. W. Calhoun, M. D., Ophthalmology.

S. J. Jones, M. D., Otology and Laryngology.

A. R. Robinson, M. D., Dermatology and Syphilis.

Joseph Jones, M. D., Public and International Hygiene.

Henry O. Marcy, M. D., Collective Investigation, Vital Statistics, and Climatology.

John P. Gray, M. D., LL. D., Psychological Medicine.

Jonathan Taft, M. D., Dental and Oral Surgery.

LOCAL COMMITTEE OF ARRANGEMENTS.

(With power to increase their number.)

A. Y. P. Garnett, M. D., Chairman, District of Columbia.

The Surgeon-General U. S. Army.
 The Surgeon-General U. S. Navy.
 The Supervising Surgeon-General U. S. Marine
 Hospital Service.

J. H. Baxter, M. D., District of Columbia.
 C. H. A. Kleinschmidt, M. D., District of Co-
 lumbia.

N. S. Lincoln, M. D., District of Columbia.

J. M. Toner, M. D., District of Columbia.

And such additional members of the profession in
 the District of Columbia as the Executive Commit-
 tee of the Congress may select.

Lists of vice-presidents, secretaries, and coun-
 cilmen for each section were named by the Com-
 mittee of Arrangements, but as it was not practi-
 cable to ascertain at once who would accept the
 places assigned them, or who of those who had
 been announced in the medical press as declining
 to accept positions before the present rules and or-
 ganization had been adopted, as given heretofore,
 might wish to withdraw such declination, the
 final adjustment of these offices was referred to the
 Executive Committee of the Congress, and all cor-
 respondence in relation thereto was transferred to
 the Secretary-General of the Congress.

On motion, the Committee of Arrangements
 adjourned, subject to the call of the Chairman of
 the Committee.

JOHN V. SHOEMAKER,

Secretary of the Committee of Arrangements.

**THE TREATMENT OF LUPUS BY PARASITI-
 CIDES.**—At the recent meeting of the Amer-
 ican Dermatological Society, Dr. White, of
 Boston, said that he had accepted the view
 that lupus was a form of tuberculosis, and
 that he had treated it successfully with
 germicidal agents. Bichloride of mercury in
 the form of an ointment, from one half
 to two grains to the ounce, and salicylic-
 acid ointment, or, as Dr. Hyde has recom-
 mended, two grains of the bichloride to one
 ounce of compound tincture of benzoin,
 gave good results.

MR. MAYO ROBSON, in the discussion on
 The Treatment of Intestinal Obstruction, at
 the recent meeting of the British Medical
 Association (British Medical Journal), con-
 cludes as follows:

1. In chronic cases, that is, where ob-
 struction is the prominent symptom, médi-
 cal treatment, such as injection, belladonna,
 massage, galvanism, etc., will often relieve
 or cure; or colotomy or laparotomy, or
 some other operation, will be so plainly in-
 dicated as to leave no doubt as to what
 should be done.

2. In acute symptoms supervening on
 chronic, medical treatment—for example,
 starvation, rest, and opium—may still often
 bring about a cure; but laparotomy, as a
 means of diagnosis, and possibly of treat-
 ment, may be demanded.

3. In initially acute cases, delay is often
 as dangerous as it would be to wait for an
 external hernia to reduce itself by its own
 efforts.

I believe that laparotomy (which in it-
 self is not a dangerous operation) should
 be performed early—(a) as a means of mak-
 ing a diagnosis; (b) as a means of remov-
 ing the cause of strangulation, if such be
 discovered; (c) as a means of giving relief,
 if no cause can be found, by opening the
 bowel above the point of obstruction and
 carefully suturing it to the surface.

THE OLD MAN DREAMS.—The announce-
 ment that Dr. Oliver Wendell Holmes has
 just celebrated his seventy-sixth birthday
 gives fresh interest to this beautiful poem:

O for an hour of youthful joy!

Give back my twentieth spring!

I'd rather laugh a bright-haired boy

Than reign a gray-beard king.

Off with the spots of wrinkled age!

Away with learning's crown!

Tear out life's wisdom-written page,

And dash its trophies down!

One moment let my life-blood stream

From boyhood's fount of flame;

Give me one giddy, reeling dream

Of life, all love and fame!

My listening angel heard the prayer,

And calmly smiling said,

"If I but touch thy silvered hair

Thy hasty wish has sped."

"But is there nothing in thy track

To bid thee fondly stay,

While the swift seasons hurry back

To find the wished for day?"

"Ah, truest soul of woman kind!

Without thee what were life?

One bliss I can not leave behind;

I'll take—my—precious—wife!"

The angel took a sapphire pen

And wrote in rainbow dew;

The man would be a boy again,

And be a husband too.

"And is there nothing yet unsaid

Before the change appears?

Remember all their gifts have fled

With those dissolving years."

"Why, yes," for memory would recall

My fond parental joys;

"I could not bear to leave them all—

I'll take—my—girl—and—boys."

The smiling angel dropped his pen,

"Why, this will never do;

The man would be a boy again,

And be a father too."

And so I laughed—my laughter woke

The household with a noise—

And wrote my dream when morning broke

To please the gray-haired boys.

INFECTIOUS PERITONITIS IN VIRGINS.—Dr. Snyers has described, in the *Annales de la Societe Med.-Chirurg. de Liège (Journal de Med. et de Chir. Prat.)* two interesting cases, which seem to show that the virus of erysipelas can cause in women who have never had intercourse, an acute form of peritonitis, similar to that observed in puerperal cases. A young woman (a virgin), aged eighteen, was suddenly seized with symptoms of acute peritonitis five weeks after a servant in the house had been taken ill with erysipelas of the face; death ensued in thirty-six hours. Shortly afterward the brother of the young woman had an attack of erysipelas on the arm; this did not cause much anxiety at the time; but, a fortnight later, the second sister, aged twenty (also a virgin), was seized with the same symptoms as the first and died in less than two days. At the post-mortem examination, Dr. Firket failed to discover any local cause by which the origin of the inflammation might be explained. The spleen was much swollen, and the blood had the same appearance as in cases of infectious diseases. *British Medical Journal.*

EXTIRPATION OF THE LUNG.—Dr. Domenico Biondi, of Naples, some time ago proved that animals recovered after removal, by operation, of one entire lung. In a more recent communication, published in the *Wiener Medizinische Jahrbücher*, the same physician shows that animals may survive the removal of portions of lung artificially infected with tubercle. After injecting, by Ehrlich's method, masses of bacillus tuberculosis into the parenchyma of the lung, so that the clinical and anatomical symptoms of tubercle were produced, he removed at the end of a few weeks the diseased lungs; and in all cases recovery was complete. Whether pulmonary tubercle in man, not artificially produced, could be precisely diagnosed and localized to one lung, and then treated in the same manner, and whether total removal of the organ or excision of a diseased lobe would be, in such a case, the less perilous operation, are questions which can hardly be decided by the physicians and surgeons of to-day; yet, bearing in mind the surgical procedures, performed with success in this country, that were once considered impossible, and then unjustifiable, it is hardly unreasonable to believe that excision of the lung is an operation of the distant, if not of the immediate future.—*Ibid.*

FOREIGN BODIES IN THE DIGESTIVE CANAL.—The case is related by Dr. Kohn (*Deutsche Med.-Zeitung*) of a melancholic patient with suicidal tendencies, who, in the hope of ending her life, swallowed three large spoons, each seven inches long, and with a bowl about an inch and a half wide. They were all passed from the rectum lying together, the convexity of one bowl fitting into the concavity of the other, and surrounded by a mass of consistent fecal matters. The passage of these bodies had excited a mild peritonitis at first, and later an attack of diarrhea; but these disturbances speedily subsided, and no trouble was experienced after the spoons had been passed from the bowel. This case is almost unique, considering the large size of the spoons and the comparatively sharp edges of their bowls.—*Medical Record.*

THE Kansas City Medical Record says that it will pay a liberal reward for a germicide that will destroy the microbes that were instrumental in ruining the International Medical Congress and weakening the vitality of the American Medical Association by their onslaught at New Orleans.

THE Long Island Hospital Medical College announces that after the next session it will change its term so that it will more fully harmonize with the other colleges of this country. That is, instead of a spring it will become a winter school.

THE eighteenth annual meeting of the Canada Medical Association met at Chatham, Ontario, September 2d and 3d. Dr. Wm. Osler, President, in the chair.

DR. P. O. HOOPER, of Little Rock, Ark., has been appointed to succeed Dr. C. C. Forbes, as superintendent of the Arkansas State Insane Asylum.

THE next meeting of the American Academy of Medicine will be held in New York city, October 28th and 29th.

It is said that in Europe the would-be delegates to the Ninth Congress have added crape to their wonted attire.

THE United States Hay-Fever Association met at Bethlehem, N. H., September 1st.

THE National Retail Druggists' Association met in Pittsburgh, September 7th.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

COLLABORATORS:

E. R. PALMER, M. D. J. A. OCTERLONY, A. M., M. D.
WM. BAILEY, A. M., M. D.

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INTERNATIONAL MEDICAL CONGRESS.

On another page we quote from the Congress Committee's authorized report the more important items of its doings at the recent called meeting in New York City. A careful inspection of the report shows that beyond a liberal alteration of the rule of membership, the separation of gynecology from obstetrics, and the restoration of the section of dental and oral surgery to the place assigned it by the original committee, with fit elaboration of the rule relating to finances, no essential changes are made in the scheme of organization. The chief work of the committee seems to have been the re-arrangement of the lists of officers, committees, and councilmen, and the filling of the many gaps in the ranks made by the withdrawal of those who declined to serve under the new leaders.

No concession was made to the wishes of the distinguished seceders and their many supporters among the profession at large, unless the retention of the name of Dr. Bowditch upon the list of vice-presidents be so construed. The only concession upon the other side was offered by Dr. S. C. Gordon, of Maine. This gentleman re-

pented of his sin against the new committee, and, after confession, was graciously received and forgiven, but not conducted to a higher seat in the synagogue.

It will also be noticed that the opinions of certain distinguished foreigners with reference to the committee's office and work were ignored *in toto*, not being accorded even the courtesy of a polite remonstrance. The committee has doubtless done just the work its manipulators set to its hands; but, whether its policy be voted wise or foolish, the denouement will show that the breach between the opposing parties is widened beyond repair, and that the contending voices are dissonant beyond the hope of harmony:

The distinguished guests who, soon after the June house-warming, stepped out and have since been standing in the rain, have not been asked to come in by the new proprietors; nor would they in the existing state of the house have accepted the invitation had it been extended. Their places have been or soon will be filled by others, worthy, indeed, but less renowned; and when the new list of officers and councilmen for the Ninth International Medical Congress shall be laid before the medical world, it will be destitute of many attractive features which characterized the original committee's issue in the early spring. Whether or not this strangely altered face will have charms of sufficient attractiveness to draw our foreign brethren across the sea remains to be seen; but if the signs of the times be not grossly misleading, the Congress of 1887 will not meet on American soil.

DR. HAGER advises for coryza the inhalation of pure carbolic acid, one hundred and fifty grains; ammonia water, three drams; alcohol, one ounce; distilled water, five drams. Good; but new devices for the finding of motes and the extracting of beams would be more in order at this time.

Bibliography.

Elements of Modern Medicine, including Principles of Pathology and Therapeutics, with many useful memoranda and valuable tables for reference. Designed for the use of students and practitioners of medicine. By R. FRENCH STONE, M. D., Professor of Materia Medica, Therapeutics, and Clinical Medicine in the Central College of Physicians and Surgeons, Indianapolis Ind. Pocket edition, pp. xiv and 368, with appended clinical charts for the keeping of case records. New York: D. Appleton & Co. 1885.

This is a compact volume, bound in leather, and of dimensions suitable to fit it for a place in the physician's pocket. The work is a most successful attempt at *multum-in-parvo* book-making. Though in the main a compilation of the essentials of practical medicine, gleaned from the recorded experience of the masters, the reader will find that the work takes color of originality from the ripe experience of the author, while the arrangement of the subject matter is a marvel of convenience. There is hardly an item of information, such as the physician may require in time of emergency, that can not here be found, and to the hard working doctor, who sleeps with an ear to the bell, and eats with an eye to the clock, the value of such a pocket companion can not be overstated.

To the more leisurely and sometimes more learned physician, who boasts an erudition drawn from original sources, the work may serve a useful turn, since, as an *index medicus*, it may suggest to him a way of tracing many a rich vein of research.

Certainly much good grain from many fields of medical lore is here snugly garnered for the doctor's use. That it will find ready market so soon as its worth is known need not be questioned.

Neuralgia and the Diseases that Resemble it.

By FRANCIS E. ANSTIE, London, F. R. C. P., Honorary Fellow of King's College, London, Lecturer on Medicine in Westminster Hospital School, etc. 12mo, pp. 233. New York and London: G. P. Putnam's Sons. The Knickerbocker Press. 1885. For sale by John P. Morton & Co.

This is a classic in medical literature, and should find place among the books of every practitioner.

The high authority of Dr. Anstie in this department of medicine is conceded by the teachers and writers of the day, and no product of his pen bears clearer testi-

mony than this to his learning, experience, and originality of thought.

The work is divided into two parts.

The author takes and holds the ground that neuralgia is to be looked upon as a disease *per se*, having a definite, and, in a measure, demonstrable etiology, pathological lesion, and clinical history. The first and major part of the work is devoted to the discussion of neuralgia proper, while similar painful affections, from which he differentiates it by lines more or less sharply drawn, are treated appropriately in the second part. These are myalgia, spinal irritation, the pains of hypochondriasis, of locomotor ataxy, cerebral abscess, alcoholism, syphilis, subacute and chronic rheumatism, colic, and other pains of peripheral irritation, and dyspeptic headache.

The work has been many times thoroughly and ably reviewed, and quotations from it may be found in nearly every recent work or article pertaining to painful nerve affections, while some of the author's teachings have led to useful controversy in the ranks of neurological medicine.

Further comment at our hands is not necessary, unless it be to assure any reader, who may be unfamiliar with the work, that it is replete with knowledge essential to the practical physician, who must, per force, undertake the treatment of many painful affections of doubtful diagnosis.

Pruritic Rhinitis: Hay-Fever, Autumnal Catarrh, etc.: its Medical and Surgical Treatment. With eight illustrations. By THOS. F. RUMBOLD, M. D., Fellow of the American Rhinological Association, etc. St. Louis: Medical Journal Publishing Company, 2622 Washington Avenue. 1885.

This is a monograph of one hundred and thirty-four pages, with an appendix of twenty-four pages. The author claims that so long ago as May, 1869, he clearly demonstrated that this disease was one of the very many sequences of common nasal catarrh. It has however been only during the last few years that any marked results from treatment have been obtained, and we believe that the advances made have been due (as has recently been shown by Sajous) to treatment more active than that recommended in this book. The name proposed, we do not believe, will be universally accepted. The name that seems to us most appropriate is the one suggested by Dr. J. N. Mackenzie, of Baltimore, namely, *coryza vasomotoria periodica*.

The greater part of the monograph seems to us to be superfluous. A list of statements made by patients is given which leads to nothing interesting or new, as is also a great deal of the author's special hygienic precautions, which few patients will follow, such as wearing wigs on bald heads, wearing two pairs of stockings, etc.

The treatment recommended is substantially the same as that given for the treatment of nasal catarrh in the author's work on the "Hygiene and Treatment of Chronic Nasal Catarrh," namely, vaseline, pinus canadensis, and ol. eucalyptol as a spray to the nose and naso-pharynx.

In speaking of the surgical treatment which has lately come into prominence, principally through the efforts of Roe and Sajous, he cautions against its indiscriminate use, as he has seen cases where destruction of the nasal mucous membrane produced unpleasant consequences by the nasal secretions becoming inspissated on the scarred tissue. The author claims to have had but little experience in the use of nitric or chromic acid for the destruction of hypertrophies; he prefers the snare. In the appendix will be found an abstract of the papers of Drs. Daley and Roe, which were the first to draw marked attention to the nose as the seat of this disease; also, a paper by Dr. J. A. Stucky, which first appeared in the St. Louis Medical and Surgical Journal. It will be found interesting, and deals with these cases in a more practical and radical manner than that given in the body of the work.

J. M. R.

Medical Education. A paper read before the Philadelphia County Medical Society, September 24, 1884. By Henry Leffmann, M. D., D.D.S., Professor of Chemistry and Metallurgy at Pennsylvania College of Dental Surgery, etc. Reprinted from the Proceedings of the Society.

Health Statistics of Women College Graduates. Report of a special committee of the Association of Collegiate Alumnae. By Annie G. Howes, Chairman, etc. Boston: Wright & Potter, State Printers, 18 Post-office Square. 1885.

Complete Laceration of the Perineum and part of the Recto-Vaginal Septum, resulting from forceps delivery. Primary operation, complicated with traumatic erysipelas. By A. B. Cook, A. M., M. D. Reprinted from Gaillard's Medical Journal.

Selections.

THE CHARACTER OF THE PULSE.—It is not that I intend presenting any thing new, but merely to call attention to a fact of practical importance that may be of interest to some members of the profession that are not thoroughly conversant with the relation that the action of the heart bears to the radial pulse under certain circumstances. In the first place, in a natural pulse, or as long as the systole of the ventricle is sufficiently strong to force enough blood into the aorta to dilate the same, the aorta retaining its elastic force by which the blood is driven onward, we may expect the pulse-rate to correspond with the systole of the ventricle; but when the heart's action is too weak for each contraction to force sufficient blood to dilate the aorta, it having lost a certain amount of its elastic force, we may not expect the pulse and contractions of the heart to be in proportion. It has been my sad experience to witness this disproportion in several cases in the last hours of life. Frequently, when the pulse is so weak as to be felt only at intervals, we will notice it very suddenly get stronger and slower; now when this happens it inspires the friends, and often the physician, with hopes; they regarding the change in the pulse as favorable, when in reality it may be one of the most unfavorable symptoms. Now in these cases, what we mistake for a pulse as indicating the action of the heart, in other words corresponding to the ventricular systole, is only a pulse-wave representing about one third of the contraction of the heart and aorta. When the vital forces have given way to the extent as above stated, there being a very moderate quantity of blood pumped into the aorta by each ventricular systole, and the aorta being almost in a state of inertia, having lost to a certain extent its elasticity, though an extensible tube, would necessarily require two or three contractions before the stimulus would be sufficient to cause contraction of the aorta to force the blood onward; therefore there would be one or more secondary waves to follow and be fused into the primary before reaching the radial artery. I have seen this mistake made in more than one instance, for which reason I call attention to the fact that we may always examine the heart of a dying patient, and not be deceived by a seemingly hopeful pulse dependent on very unfavorable circumstances, and be induced to inspire

the friends with hopes at a time when the symptoms are the most unfavorable.—*Dr. J. M. Pinkston, in Medical and Surgical Reporter.*

AT a recent meeting of the Obstetric Society of London Dr. Priestley read the notes of a visit to some of the lying-in hospitals in the North of Europe, and their advantages in the antiseptic system in obstetric practice. The hospitals visited were those at Copenhagen, Helsingfors, and St. Petersburg. At Copenhagen, the new system began in 1870. In the Maternity Hospital, in the fifteen years from 1850 to 1864, the mortality was one in twenty-four; between 1822 and 1843 it had been one in nineteen—that is, only slightly lower than the mortality in the Nightingale Charity of King's College Hospital, which compelled the author to close the ward. From 1865 to 1874, the mortality from puerperal fever was one in fifty-one; from 1870 to 1874, it was one in eighty-seven, the improvement coinciding with increasing strictness in antiseptic precautions. The hospital was constructed in the most elaborate and expensive way to secure hygienic perfection, including ventilation, isolation of each part of the building (if desirable), and even a separate room for each patient. Moreover, the rooms were only used alternately, which was equivalent to halving the number of beds. The attendants were under strict rules of periodical purification, and were not allowed to pass directly from the convalescent to the lying-in wards. If a patient had been ill, the nurse was fumigated with sulphurous-acid gas by an elaborate process. The same was used for disinfection of the rooms. The personal precautions included careful antiseptic hand-washing, soaking of catheters, etc. No sponges were used. The vagina was injected twice a day with carbolic-acid lotion. The beds were of canvas, filled with chopped straw, which was destroyed after use. Each bed had its own basins, syringes, catheters, etc. The placenta and dressings were burnt. On suspicion of infection, the patient was carefully isolated. The medical officers were not allowed to attend necropsies. The director lived in the hospital, of which he was absolute master. As in other hospitals, there was an undue proportion of difficult cases and of primiparæ, and the primiparæ had a large share in the mortality. The midwives of Denmark were compelled to use antiseptic precautions, and this had sen-

sibly reduced the mortality. At Helsingfors, the hospital was arranged on the pavilion system, one block being devoted to diseases of women, including wards for operations and rooms for out-patients. The wards for lying-in cases contained about forty-two beds; the beds were in the middle of the rooms. The mattresses were sacks of fresh rye-straw for the non-paying patients, and with horsehair or bark of the lime-tree for paying patients, all being cleaned, baked, and re-made for each new patient. Some patients lay on the bare boards of the bottom of the bed, as was usual in Finland. Antiseptics were not as minutely carried out here. Midwives and nurses were made to wash their hands and arms with soap, and afterward to rub them with hypochlorite of lime, before examinations. Abnormal cases were isolated. The medical officers were forbidden to attend necropsies, or to touch infectious wounds, without taking antiseptic precautions afterward. Catheters were carbolized, and the wards periodically closed and cleaned. After labor, a single injection of carbolic acid was given, and often when specially indicated. The linen was simply washed; the blankets were fumigated by burning sulphur. Professor Pippingsköld trusted largely to the excellent hygiene of the hospital (built on a rock high above the town), and to the clean habits of the people; but the external genitals were always washed before delivery, otherwise the object was to guard against external morbid influences, more minute care being thought unnecessary under the circumstances. Before the new Maternity was opened in 1879, the total mortality averaged 1.83 per cent. From 1872 to 1884, the total mortality was one per cent. In the Grand Duchess Catharine Maternity Hospital in St. Petersburg, there were arrangements for isolating the various parts. Scrupulous cleanliness, the disinfection of rooms, concrete floors draining into a central gully, and the careful use of antiseptics, were included in the system. In the last three years there had only been one death from puerperal fever, though six had occurred from other causes.—*British Med. Journal.*

FUCUS MARINA.—Dr. B. Roemer thus concludes an instructive paper on this medicament:

Perhaps the oldest use made of fucus was in form of a poultice to swellings, bruises, etc. Ancient sages of Scandinavia and Denmark speak of soothsayers crushing seaweed be-

tween stones and applying the moistened pulp to the affected parts. The *Fucus vesiculosus* ranks, perhaps, next in order; being burnt in the open air, its black powder was administered internally, like spongia usta, in the treatment of glandular enlargements. Spongia, now admitted to be a polymorphous animal, as spongia usta resembles in its chemical nature the fucus, and was at one time highly lauded in goitre, glandular swellings generally, scrofula and cutaneous eruptions. After having been much derided as to its efficacy in these diseases, its virtues were admitted after the discovery of iodine, and the early use is almost an instinctive medication. The black powder of burnt *Fucus vesiculosus* was known under the name *Æthiops vegetabilis*. Its juice was also administered internally with its local application for the same diseases.

But this article was especially undertaken to draw the attention of the medical profession to a species called *Fucus marina*, of which the Peacock Chemical Company is preparing an elixir. Having had at my disposal about four pounds of this preparation, which I divided among eight patients, I am prepared to give a favorable opinion of its therapeutic value as claimed. Not intended to replace any of the usually employed antiperiodics, especially quinine, it owes its virtue rather to an alterative quality, and having prescribed it in six cases of pronounced malaria, I find the result as follows. All these cases had been under a quinine treatment. Whenever a hepatic complication was diagnosed, I gave:

R Mass. pil. hydrarg., 3 grains;
 Quin. sulph., 4 grains;
 Ol. piper. nigr., 1 drop;
 Ex. hyosciam. nigr., ½ grain.

M. Fiat pil. 2.

To be taken at night and followed next morning, if required, by a mild aperient. During the day I usually order 10 to 15 grains of quinine, and repeated on the next. The quasi-typhoid character of the malaria remained, however, unchanged, and heretofore I altered my treatment to different remedies, omitting the quinine. The elixir fucus marina, however, in the number of cases specified, gave me perfect satisfaction; in every instance cutting the febrile exacerbation short and hastening convalescence. This result was especially marked in four cases, which had had a preliminary quinine treatment; in the two remaining cases, while recovery was perfect, three or four days additional were required, the quinine

treatment being isochronic with the exhibition of the elixir. Thus, in any event, the course of malaria is materially checked by fucus marina, and, the system (secretions, etc.) having been properly prepared, it is my opinion that the elixir alone will give the best results.

Believing that the prominent therapeutic character of fucus marina is alterative, I prescribed the remedy in two cases of cachexia, scrofulous and syphilitic. The result, thus far, is gratifying, but time is required for a proper report. I will state, however, that in a mixed treatment for the latter disease I omitted smilax off. and stillicia as a vehicle altogether, and gave instead full doses of fucus marina, repeated four to six times a day, continuing the inunction of mercurials. A success in these cases would do away with the annoying complications resulting from large doses of the iodide of potash.

Since writing the above short synopsis on the therapeutic value of fucus marina several weeks have elapsed, and I can now add that the case of *secondary syphilis* is progressing very favorably under its use, it, the *Fucus marina*, as prepared by the *Peacock Chemical Company*, of St. Louis, fully and thoroughly taking the place of iodide of potassium in the mixed treatment, with this very desirable advantage over the salt of iodine and potash, that the stomach and digestive powers are not only left intact, but are really invigorated. Additional cases of *malaria* have received, as already reported, prompt and lasting relief.

INTRA-CRANIAL CEPHALEMATOMA.—In a paper read before the Mississippi Valley Medical Society, on the above subject, Dr. E. S. McKee, of Cincinnati, said:

"A physician's library will, in many instances, give him no information concerning cephalematoma; a large list of text-books may be searched to no avail for a mention of intra-cranial cephalematoma. If the searcher after medical knowledge has a well-ordered and extensive public library at hand, well supplied with bound journals, diligent search may be rewarded by a few hidden points."

He described cephalematoma as "an effusion of blood occurring in newly-born infants, forming a tumor of the head." The intra-cranial variety he divided into those situated between the skull and dura mater and those situated in the arachnoid cavity.

Etiology he found to be pretty similar to

that of the extra-cranial variety. Pressure during delivery he considered to be a frequent cause, though the tumors occurred in children of easy labors, the breech presentation, and those delivered by cesarean section. He thought the crushing during delivery would loosen the pericranium or dura mater from the bone and rupture the small bone blood-vessels. This pressure being relieved, the vessels having been relieved by diapadesis caused by the pressure, we have a vacuum. From her well-known *horror vacui* nature immediately proceeds to fill up this vacuum. She goes at it with such energy that she overdoes the matter, and hyperemia and engorgement follow. The sources of this hemorrhage are probably the tender blood-vessels, a varicose condition of the vessels, the hemorrhagic diathesis; inherited tendency or fissure of the bone may be among the causes. The excess of the external variety over the internal is due, he thought, to the direction of the pressure and to the greater porousness of the outer part of the skull.

Diagnosis. This depends entirely on the symptoms of brain pressure, twitchings, convulsions, stupor, and paralysis.

Prognosis, grave. Death comes from brain pressure, necrosis, or caries of the bone leading to perforation, thrombosis of the cerebral sinuses, extension of the inflammation on to the meninges of the brain itself, and pyemia. Idiocy may result. Dr. West found the repair of the internal variety very analogous to that of the external. After diligent search through all the literature, twenty cases were found mentioned.

Drs. West, Hennig, Von Liebold Jackson, Held, Betscher, Cleveland, Ruge, Dubois, Padieu, Hoere, Bouchard, and the writer himself have reported cases.

Treatment did not occupy much space in the paper, as the doctor said it had never yet been attempted in this variety, the diagnosis having been always made post-mortem. He suggested the possibility of the trephine being of utility.—*Sec.'s Abstract.*

THE TREATMENT OF TYPHOID FEVER.—

I. *Hygienic.* Place the patient in a large, well-ventilated room, that he may get *plenty of fresh air*. Allow but one person (nurse) with him. Keep friends away. Enjoin cleanliness. Keep patient washed twice daily with vinegar and water, or a solution of permanganate of potassium. Disinfect the dejections with carbolic acid or chloride of zinc, etc.

Nourishment. There are times when the patient is weakest, as in the early morning; this is the case in all low fevers. Nourish him every two hours with beef or mutton broths, alternating with milk. Other broths, as chicken, etc., may be used. If the patient craves for more solid food, allow him at the mid-day meal a little arrow-root boiled in milk, or a soft boiled egg. Excepting these allow no form of solid aliment until convalescence is completely established, and even then be careful. *Be sure to feed the patient between 4 A. M. and 5 A. M.*; even wake him at this time, to feed him. Allow a liberal supply of water, or toast-water, ginger syrup and water, or claret and water. It will keep the kidneys washed out.

II. *Medical Treatment.* Different plans have been instituted:

1. Quinine, which has been justly abandoned.

2. The mercurial plan—calomel, five to ten grains *per diem*, at the first stage of fever—said to modify the intensity of the fever process. Not an effective plan.

3. Carbolic acid, one to two drops, in mint water, every two hours. This remedy is not to be relied upon.

4. Iodine treatment, as Lugol's solution, two drops four times a day. This promises something good in the way of treatment.

5. The plan used by Dr. Bartholow in the following combination:

R Acid. carbolic., f. ʒj;
Tinct. iodinii, f. ʒij.
Dose, gtt. j-ij, every two or three hours.

This is a good plan of treatment.

6. My own plan is by the use of mineral acids. Those that use this plan in Germany prefer sulphuric acid; in England, hydrochloric; in France, phosphoric, and in America, nitro-hydrochloric acids. Of the last an ordinary prescription is twenty minims of the dilute acid in simple elixir. This will also control, to some extent, the diarrhea.

Do nothing else if you can possibly get along without, but guard against complications, and treat them immediately as they arise.

The first prominent symptom to be noticed is the *diarrhea*. If there are but three stools, unless they be unusually large, do nothing. If very profuse, give a little tinct. opii camphorata at night, or an opium suppository, one grain. Should this fail, use—

R Bismuthi subnitrate, gr. x-xx;
Opii, gr. ss-j.
Every three hours.

If this fails, try carbolic acid, one drop with morphinæ sulph., every three hours. Often cupri sulph., one twelfth grain, with opium one third grain, is very effective.

For the tympany cold applications, or injections of vinegar, one to two fluid ounces to water one gallon. Internally administer turpentine, seven drops, in emulsion, with morphia one forty-eighth grain. Often strychnia is useful, but secondary to the above.

Thoracic symptoms. The pulmonary congestion occasions cough; the patient's position must therefore be changed frequently. If the patient is not too feeble use dry cups. The internal use of turpentine is of avail when marked fever is associated with the congestion. Do not give expectorants. If there is a large accumulation of mucus, use aromatic spirits of ammonia.

Sustain the circulation by quinine in tonic doses, six to ten grains, in the twenty-four hours, but alcohol is the best, repeated in small doses, to keep up the heart's action. In the early morning increase the dose. Under stimulus the pulse of 150 should come down to 120 or 110. The first sound of the heart is the key to the amount required. From four to ten ounces may be necessary. For nervous symptoms, as headache, delirium, etc., give opium with camphor or with belladonna. Chloral is the most useful, but do not give it when the heart is weak.

For high fever, cold water is excellent. Put the patient in a bath until the temperature of the water gets to 72° F. The tendency to intestinal hemorrhage is greater in this treatment than by quinine, which is next in importance, and should be given in doses of one scruple to one half dram in the day.

For intestinal hemorrhage, ergotin, two to seven grains hypodermically, or one fluid dram fluid extract of ergot may be given every hour or two. Sulphuric acid is also useful. Opium, to keep the bowels at rest, is indispensable. Cut down milk and stimulus now.

Spreading tenderness (peritonitis). Tinct. opii deodorat., ten drops every hour, and one grain opium suppository at the same time. The suppository must not be repeated for four hours.

Should the patient have *parotiditis* ice is the best treatment; also tinct. ferri chloridi, to enrich the blood.

For the *functional palsies* use strychnia.—*Prof. J. M. DaCosta in the College and Clinical Record.*

THE LATENCY OF GRAVE SYMPTOMS IN THE PUERPERAL STATE.—Dr. W. O. Priestley, in a paper on the Occasional Latency and Insidiousness of Grave Symptoms in Connection with the Puerperal State, concludes that,

1. In many cases going wrong, it has been observed that the uterus was inordinately large, thus indicating a dilated cavity, in which clots or fluid, which ought to be discharged, are retained, and which may thus become the nidus for the possible development of diseased germs. Further, in an imperfectly contracted uterus, the sinuses or large veins remain full of clot, or of fluid blood, which is more or less apart from the general systemic circulation; and is thus, like the back-water of a stream, stagnant, and ready to become a source of peril. Clots should, therefore, always be carefully removed from the uterus, as they form for some time after delivery; and pressure with other means should be conjoined to promote full contraction.

2. The occurrence of a rigor at any part of the puerperal period should never be disregarded. It is nearly always the forerunner of some less or greater commotion in the system, although the mischief it portends may not be observed until the suspicion excited by its advent has well nigh died out.

3. The presence of rheumatic or obscure pains in the joints or muscles, even if they be flitting and transient, should be taken as indicating a possible contamination of the blood-current; and the case should be watched the more closely, if the patient be depressed in spirits, or if she be prone to be apparently hysterical. If, with these symptoms, there be no evidences of deviation in any special organ, the heart should especially be watched, with the view of ascertaining if there be indications of deposits in its valves. The sudden appearance of a *bruit* with the heart-sounds may be the precursor of embolism either in the pulmonary, or in the general systemic circulation. The temperature should also be carefully recorded, as it is probable that, in all cases of insidious puerperal disease, the thermometer will indicate some rise of temperature.

4. It should be remembered that patients who are inert in temperament, and who lead inactive lives during pregnancy, are more prone to puerperal ailments than others of more active disposition, and thus require more careful supervision.

5. The treatment of suspected cases should consist of putting the patient in the best possible hygienic conditions, and improving vitality by the administration of quinine and a good but judicious diet.

6. As it is probable that all germs of disease are imported from without, and that those of a less virulent character only find an opportunity of developing themselves in the bodies of women whose vitality is below the normal standard, it may be possible in many cases to prevent disease altogether by improving the health of the patient, and by the proper use of antiseptic precautions both during and after delivery. *British Medical Journal.*

ANTISEPTICS.—THE foreign correspondent of the Boston Medical and Surgical Journal, in Vienna, says:

The spray does not seem to be used at all here, either in the general surgical operations or laparotomies, which are done in the amphitheaters before the classes. A pretty close observation shows that very few cases die of sepsis or infection, where it is conceivable that the use of the spray, or of the extraordinary precautions as to those present at operations in vogue in Berlin, could have made any difference in the result.

And yet occasionally a case occurs where a greater thoroughness in precaution might have made a difference. For example, I saw fifteen laparotomies done within twelve days by Carl Braun with only one death, and that where a great sarcomatous tumor of the ovary had been removed. Yet, shortly before, in a case where a uterine fibroid with a well-defined pedicle was simply removed per vaginam, by the use of the galvano-caustic wire, the patient died, and in the uterine veins was pus containing staphylococci. Of course some one must have brought them there, and when I add that just before the operation the patient had been examined by twelve or fifteen persons, mostly students, it is not hard to guess how the cocci got into the wound.

Some one had not used the nail-brush enough, some one had lied as to his handling of pathological specimens, and when the specific micrococci were once lodged up in the uterine cavity, the irrigator did not wash them out, and the iodoform did not chase them into the tissues.

There is a considerable difference of opinion here concerning the safety of the use of iodoform. Braun uses it in powder very freely, blowing twenty to fifty grains

on to the surface of a wound, or into the cavity of the uterus, and using also uterine suppositories, containing two to three drams each. Braun claims that this is quite safe, and at any rate must be employed, as the risk of intoxication is minimal compared with that of sepsis.

Billroth is afraid of iodoform, never uses it in powder, and seldom in pencils, but uses it in the form of iodoform-gauze, which is stuffed into the wound or cavity. His theory is that in this way there is little danger of intoxication, as very little of the drug comes in contact with the absorbing surface, while on the other hand, all the secretions are absorbed by the gauze and kept aseptic.

This is the only way in which iodoform is used in Billroth's wards, and it is supposed to be perfectly safe and entirely efficacious.

HEMOPTYSIS TREATED BY THE INDUCTION OF PNEUMOTHORAX SO AS TO COLLAPSE THE LUNG.—Dr. Cayley reports the case of a man of twenty-one years, a porter, admitted into the Middlesex Hospital for hemoptysis. For some time past he had suffered from a slight cough, but his health was otherwise very good, and the blood-spitting began only two days before his admission. The feeble respiration, râles, and other signs detected in the left lung were attributed to the clogging of the organ with blood; the temperature was usually normal or subnormal in the morning, and rose to about 100° at night. For about three weeks the hemorrhage persisted, and as life was evidently threatened by the loss of blood, it was decided after consultation to induce pneumothorax so as to cause collapse of the left lung and thus prevent the bleeding, which came probably from a pulmonary aneurism or an ulcerated vessel. The operation was accordingly done and a tube was inserted. During the night following the operation the patient spat up blood twice, four ounces and two ounces, but there was no return of the hemorrhage. The patient died suddenly, apparently from syncope, five days after the operation.

The autopsy showed that the case was one of acute miliary tuberculosis with one or two small cavities of older date, and the blood came from a branch of the pulmonary artery communicating with one of these cavities. The cavity containing the clot was smooth walled, and showed no signs of any aneurismal sac.

The nature of the case was such that, as it turned out, recovery was hopeless under any treatment. When the operation was done there was no special reason for suspecting that the case was one of acute tuberculosis; and, as regards the operation itself, Dr. Cayley thinks life was not sufficiently prolonged to allow a decision as to the direct effect of the procedure on the hemorrhage.—*Boston Medical and Surgical Journal*.

TREATMENT OF DIABETES INSIPIDUS.—(*Jahrbch. f. Kinderheilkde*, XXI. B., 4 H.) While the prognosis, as regards the patient's life, in this disease is not so unfavorable, yet the cases of complete cure are very few. Whittle reported a case where the diabetes insipidus developed after diphtheria, and then disappeared in a short time. Senator has reported cases in which cure was effected after two or three month's duration of the disease, and in some cases intercurrent diseases or pregnancy have brought about this result. In the case now reported the diabetes had existed for nine years, and was cured in two months. The girl was eleven years old, with an excellent family history. She grew up and nourished well, but from her second year the parents noticed a constantly increasing thirst and a proportional large quantity of urine. The child had scarlatina, measles, and pertussis, but the diabetes was not at all affected thereby. After varied treatment the child was brought to the hospital. She was well nourished but pale; weighed 21.300; skin dry; temperature about normal; always desired warm clothing; all internal organs normal; in the feces, eggs of *tania medio-can*. She was constantly thirsty, drinking daily from nine to ten liters of water, and passing from seven to eight liters of urine. The urine was very clear, slightly acid, scarcely at all colored, specific gravity of 1.001, and contained no albumen or sugar. The first step in treatment was to get rid of the *tania*.

On July 15th, the patient was ordered sodii salicylate 0.5, four times a day, as recommended by Ebstein for diabetes mellitus. In five days the daily quantity of urine sank from 7000.0 to 5000.0, but in spite of increased doses of the salicylate remained at that quantity. She was then given infus. rad. valeriane 5.0: 100.0 *pro die*, as so strongly recommended by Trousseau. This was continued from July 24th till August 16th. The quantity of urine gradually fell to 2500.0 but remained at that for the last ten days.

Infusion of ergot, 2.0: 100.0 *pro die*, was then given—as recommended first by Tillard and afterward by Sidney Ringer. Under this the quantity sank to 1100.0, and when the remedy was stopped remained at 1100.0 to 1200.0. The specific gravity rose to 1.010; the urine was of a natural color, and in all respects normal. The child was retained two weeks after the remedy was stopped, and since then has remained well. Her weight increased, her color improved, and she drank daily only about one half liter of water.—*Amer. Jour. of Obstetrics*.

EFFECTS OF NERVE-STRETCHING ON THE SPINAL CORD.—In the *Archives de Neurologie*, Dr. Pauline Tarnowski reports that, in rabbits, elongation of the sciatic nerve was followed by serious lesions in the spinal cord. The central canal was distended with plastic exudation, hyperemia, and extravasation of the gray matter (especially in posterior cornua), proliferation of the nuclei of the neuroglia, increase of connective tissue in the posterior cornu of the side operated upon, with disappearance of nerve-tubules. The formation of new connective tissue commenced on the seventh day after stretching the nerve, and in a month there was decided atrophy of the posterior horn of the affected side. The nerve-cells of the anterior horn were less numerous than on the operated side; they were degenerated, and showed signs of vacuolation and actual disappearance. These morbid signs are more common in the lumbar enlargement of the cord.—*Medical Times*.

GREECE has removed the tax on quinine.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from September 6, 1885, to September 12, 1885:

McKee, J. C., Major and Surgeon, sick leave still further extended three months on surgeon's certificate of disability. (S. O. 204, A. G. O., September 7, 1885.) *Patzki, J. H.*, Captain and Assistant Surgeon, assigned to duty as post surgeon, Jackson Barracks, New Orleans, La. (S. O. 192, Dept. of the East, September 8, 1885.) *Polhemus, A. S.*, First Lieutenant and Assistant Surgeon, when relieved at Fort McDermit, Nev., assigned to temporary duty at Presidio of San Francisco, Cal. (S. O. 87, C. S., Dept. of California.) *Kendall, Wm. P.*, First Lieutenant and Assistant Surgeon, relieved from duty at Presidio of San Francisco, Cal., and assigned to duty as post surgeon at Fort McDermit, Nev., relieving Assistant Surgeon Polhemus. (S. O. 87, Dept. of California, August 31, 1885.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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INTESTINAL OBSTRUCTION.

BY T. B. GREENLEY, M. D.

The definition of intestinal obstruction may be said to be any thing that impedes or obstructs the passage of the secretions and ingesta through the alimentary canal.

These impediments may be divided into several varieties, as characterized by certain pathological conditions.

1. We may have obstructions from impacted feces.
2. Intussusception or invagination.
3. Obstruction due to bands, adhesions, gall-stones, lesions, such as rupture of mesentery, and other peritoneal affections.
4. And obstruction due to tumors, strictures, twisting, hernia, etc.

Obstruction from intussusception perhaps is the most frequent, and that of the ileocecum most common. It is said that about fifty-six per cent of the cases of intussusception occur at this point, twenty-eight per cent in the ileum, six per cent in the jejunum, and ten per cent in the colon.

Obstruction occurring from impacted feces is more apt to take place in the sigmoid flexure of the colon, and most all other causes, aside from intussusception of the colon involve the small bowels.

I have witnessed cases resulting from impaction, intussusception, and adhesive bands, of which I will give a very brief account.

CASE I. I was called to Miss C., seventeen years old, on September 21, 1875. She had all the symptoms of acute splenitis. In a few days the organ became enormously enlarged, extending down to the hypogastrium, and apparently filling the entire peritoneal cavity. This enlargement of the spleen was accompanied with great tympanites, and in conjunction with it caused much

pain from distension of the parietes and pressure of the contained organs. On the 28th symptoms of intestinal obstruction supervened, such as nausea and vomiting of stercoraceous matter, together with suspension of fecal discharge from the rectum. These symptoms persisted for several days, and on October 4th discharge from bowels occurred, when the vomiting ceased. She gradually recovered. The distension of the abdomen in this case was so rapid and great, both from the enlargement of the spleen and tympanites, that after symptoms of obstruction manifested themselves, there was no opportunity afforded to examine the bowels by manipulation.

As the urgent symptoms of obstruction did not abate until the spleen became somewhat reduced in size, and the tympanites diminished, I was inclined to regard the obstruction as being due to pressure of that viscus. The treatment consisted in the use of turpentine internally and externally, opium to allay pain, which was very great (this was given hypodermically); quinine was used quite freely, upon the theory that malaria was a factor in the production of the splenitis. Not believing the obstruction due to either intussusception or impaction, we did not use inflation of the bowels either by air or hot water. In fact, if we had so regarded it, we should have been precluded from using either of these remedies to any extent on account of the great distension of the abdomen already existing.

CASE II. Mrs. W., in care of Dr. D., aged forty years, married, and the mother of several children, had usually enjoyed good health. She had been sick about two weeks when I saw her in consultation. I learned from the doctor that she had not passed any alvine matter from her bowels for more than two weeks, that she had been quite constipated for several months, and had neglected herself in this particular—going several days at a time without an ac-

tion. She was now slightly tympanitic, with some dysenteric symptoms. Could keep but little food on her stomach, no fever, pulse not accelerated. Diagnosed impaction of sigmoid flexure as evidenced by a tumor in left iliac fossa. We used hot water injections without effect. Ordered this treatment continued, hoping by that means to break down the mass. For the slight tenderness, directed use of turpentine stupes over abdomen. Nourishment by enema.

In two weeks I was called again, and found her pretty much in same condition, but much weaker. There had been no action of the bowels, now, for over four weeks. The hot water enemas had been used, as the doctor informed me, pretty regularly and thoroughly without effect. There was yet, apparently, no inflammatory action; but little tenderness, and only slight tympanites; temperature normal. Her pulse was quick and weak, in fact she was dying from exhaustion. She lived only a few days. No autopsy.

CASE III. Mr. J. W., aged thirty-five, married, stout, and of previous good health. Called to see him November 5, 1880, in consultation with Drs. Applegate and Welch. Learned that on the 2d he did some heavy lifting. The doctors in attendance had already diagnosed obstruction, having discovered a tumor in the region of the ileo-cecal valve. When they first saw him he was in great pain, which was very much like that of bilious colic.

They had used opiates hypodermically, and also purgatives, but on discovering the tumor discontinued the latter.

We came to the conclusion from all the symptoms, that we had a case of intussusception at the site of the ilio-cecal junction. At this time (5th) there was excess of temperature, pulse 90. Nausea with vomiting of bilious matter. Temperature 101° ; pulse 100; tenderness over abdomen with slight tympanites; vomiting; no action of bowels; opiates given to control pain.

6th. Saw him again to-day; symptoms worse; temperature 102° ; pulse 110; stercoraceous vomiting with increased tympanites. Injections of hot water, opiates to allay pain.

7th. Temperature 101° , pulse 120; passed a small portion of sloughed bowel, but no fecal matter. This confirmed our diagnosis. Tympanites increased. Treatment palliative and supporting.

8th. Slight fever, pulse frequent and fee-

ble; excessive stercoraceous vomiting; medicine hypodermically, and nourishment by enema. Continued to get worse until 13th, when he died, being unconscious for the twenty-four hours preceding dissolution.

CASE IV. Mr. S. C., aged thirty, stout, and of ordinary good health. Called in consultation with Dr. Applegate on May 13, 1882. Learned from the doctor, who saw him first on the 10th, that the patient had complained of symptoms of colic for several days previously. He found on examination a tumor in right iliac fossa. There was but little pain or fever. Treatment consisted of hot water enemas, with opiates to allay pain when necessary.

On the 11th he found no improvement. Temperature 101° ; pulse 120; tenderness with stercoraceous vomiting. Treatment continued.

12th. Symptoms about the same, but patient somewhat weaker.

13th. I saw him early this morning and pronounced the case hopeless. He died at 4 o'clock P. M.

CASE V. Mrs. S., aged seventy-one, widow, and has never borne children. Called to see her in consultation with Dr. Applegate on 6th October, 1882. Learned that she had suffered from symptoms of colic, which she ascribed to a mess of sweet potatoes eaten two days before. The doctor, viewing the case in the same light, gave her a purgative with a sedative to command pain, and left, thinking she would soon be relieved.

Being called again to-day, the 6th, and finding the symptoms worse, and discovering a tumor in right iliac fossa, he had me called in conference. On examination we found a tumor the size of a man's fist located as above stated. On informing the patient of this discovery, she remarked that it had been there for many years. Notwithstanding the long existence of the tumor, we felt confident that it was a prominent factor in the production of her trouble. There had been no action from the purgative, and it seemed evident that we had a case of obstructed bowels. The symptoms of this trouble were present throughout the continuance of the case. We had tenderness over the tumor, with tympanites, obstinate constipation, and stercoraceous vomiting.

The treatment consisted mainly of warm water injections, carried high up by means of a long flexible tube, opiates to allay pain, and nutriment by enema. We continued our visits daily until the 16th, when her bowels acted and she was relieved.

CASE VI. Mrs. S., same as the last. She was taken with symptoms of obstruction on January 27, 1883, when Dr. Applegate was called. He saw her on the 28th and 29th, and finding the symptoms becoming more grave, had me called in conference on the 30th.

This day we found her bowels obstinately constipated, pain and tenderness in region of the tumor; tympanites; pulse 96 and temperature 100° .

Treatment. Administered hot water enema—filling the colon to distension by affixing a long flexible tube to a Davidson's syringe. Opiates given to allay pain, and turpentine stupes laid over abdomen.

31st. Condition about the same, accompanied by stercoreous vomiting. Treatment continued.

February 1st. No fever; pulse 94; other symptoms about the same. Treatment continued.

2d. Pulse 96; temperature, sub-normal, 97.5° ; other symptoms same. Treatment same.

Continued to visit her daily with Dr. A., until 5th, when we lost all hope of saving her. Dr. A. continued to visit her until Thursday, the 8th, when she died unconscious. The doctor informed me that she gradually grew worse from day to day. The tympanites and tenderness increased as the end drew near. The vomiting ceased two days before death. No treatment except an occasional dose of opium to allay pain was employed after I discontinued my visits.

Post-mortem examination revealed the cause of obstruction to be due to inflammatory action, induced by pressure of a large fibroid tumor growing in the meso-ilei.

This tumor was situated in the right iliac fossa, and from its pressure caused the formation of lymph bands across the ileum within five or six inches of its junction with the cecum. These bands, two in number, contracting from organization, arrested the passage of the contents of the bowel and resulted in its strangulation. The bowel at this point was friable and easily broken down, and would soon have sloughed. No other internal organ was examined except the ovaries, which were degenerated into hard fibrous tumors about the size of a guinea-egg. The left mammary gland was greatly enlarged, but whether fibrous or scirrhus in character I did not determine, but, from its having existed many years, concluded it to be a fibroid tumor.

I am indebted to my friend, Dr. Apple-

gate, for notes of the four cases which he had charge of when I was called to his assistance. He endeavored to obtain permission to make an autopsy on the first and second cases, but was refused by relatives. He also wished to make abdominal section in the same cases as soon as intussusception was diagnosed, but failed to get the consent of patients and friends.

CASE VII. This case was rather of an anomalous character, an account of which I read before the Kentucky State Medical Society at Louisville two years ago.

The lady had been sick several weeks previous to my seeing her. When called I found her with fever and rather urgent symptoms of dysentery. She had been constipated some two weeks. I prescribed small doses of epsom salts in mint water at short intervals, to be aided by hot water injections. This treatment had the effect desired, but the trouble was now changed to a persistent and obstinate diarrhea. This condition continued in spite of every thing I could do for three months, when the patient was nearly exhausted. Not dreaming that the diarrhea was due to partial paralysis of the sigmoid flexure of the colon from impaction, I had not examined by palpation with that view. Having ordered daily applications to the abdominal surface of turpentine, etc., her mother, in using them, happened to discover a large tumor in left iliac fossa, and directed my attention to it. As soon as I made examination I had my eyes open to the true state of affairs. The sigmoid flexure had all this time been impacted with hardened feces, while the fluid contents from above had made a passage through the mass. I now passed a long flexible tube through this passage, and attached to it a Davidson syringe, when I very gradually pumped in hot water sufficiently to distend the colon above. I allowed the water to remain some twenty minutes, and then, gradually, with its aid, by gentle manipulation emptied the flexure, and with a brisk dose of oil the mass was expelled. By the use of small doses of oil daily, the bowels were kept clear of accumulations. Under the use of tincture nux vomica the organ soon regained its function.

Remarks: As abdominal surgery has of late years become so common, and at the same time so successful compared to former times, it would seem that in all cases of intussusception, when satisfactorily diagnosed, especially if the small bowels are involved, laparotomy should be performed.

In fact, might not this remark hold good in all cases of obstruction except from impacted feces?

The diagnosis between impacted feces and other varieties of obstruction can generally be easily made out by the history of the case, and the locality of the tumor. Cases of impacted feces generally occur in patients of constipated habit. Of course, if abdominal section is resorted to, it must not be delayed until inflammatory adhesions have taken place. Yet it would always be judicious to resort to the milder means, such as inflation of the bowel by either hot water or air, either of which can be easily done by means of a long tube attached to a Davidson's syringe.

In the treatment of intussusception purgatives should never be used. They tend, by increasing the peristaltic action of the bowel, to further invaginate the part involved, as well as to have it more tightly grasped.

WEST POINT, KY.

Miscellany.

HARD TO KILL.—Dr. Richard B. Stewart, of Warren, Pa., reports the following wonderful case to the Medical and Surgical Reporter: On August 10, 1885, I was called on Stone Hill, by telephone, to see a dying man. My protestation that I could be of little or no good to a person in that condition proving of no avail, I drove to Stone Hill, nearly five miles from Warren, occupying nearly an hour. Found my man lying by the side of an oil derrick, nearly covered with blood, his head being supported by a companion, who gave me the history of the accident. Henry Sutton, aged forty-two, and companion, were agitating an oil well, and when Sutton saw oil escaping he told his companion to attend the engine and he would shut off oil. The engine was not stopped soon enough, as the polishing rod rope was snapped off in the crown pulley, and while Sutton was turning off the stop-cock, using his right hand, and leaning his body over toward his left to escape the jet of oil, the polishing rod (an iron bar twenty feet long, three-fourths of an inch in diameter, and blunt at both ends) came down from top of derrick, seventy-four feet high, and struck Sutton one and one half inches back of and two and one half inches below right ear, passing under the sterno c. mastoid muscle, and obliquely across the neck

to the front, striking the manubrium on its under surface, and crossing over struck the cartilages of first two ribs, nearly if not quite separating them from sternum, came out of chest one half inch below and one inch to the right of nipple of the left breast, struck the left thigh six inches below the anterior superior spine of ilium over the rectus femoris muscle, which it penetrated, and came out at the lower and outside of thigh five inches from external tuberosity of femur, penetrating ground about eight inches. Five feet eleven inches of rod passed through neck and chest. Entrance to exit of chest wounds measured sixteen inches, and thigh wounds eleven inches apart. I made a stretcher out of two-inch boards (stretcher weighing more than the man did), and with the help of four men carried him down the mountain, nearly a mile, to nearest house, where his clothing was removed and his wounds antiseptically dressed; liberal doses of brandy and and morphia were administered, hot bottles placed around him, and I used active measures to get him over shock. He rallied, and maintained he was going to get well, and would not talk of dying. The first two days after injury he suffered intense agony at every attempt at swallowing. For three days I thought he would die from inflammation of the left lung. Every cough, though under the influence of morphia, seemed to pain him intensely. On the sixth day after injury his temperature was normal, and pulse seventy-eight beats per minute. Temperature and pulse have remained normal ever since, and yesterday, the 25th, he was sitting up, with all the indications of gaining strength rapidly. Now when I hear of the case recorded in Dalton's Physiology of the man with a crow-bar through his brain, I will relate how a man with luck and pluck escaped with his life from equally as wonderful an injury.

INFLAMMATION OF THE AIR-PASSAGES.—Dr. J. N. Mackenzie, of Baltimore, in an article on Simple Inflammatory Affections of the Upper Air-Passages (New York Medical Journal), concludes that catarrhal rhinitis leads to inflammation of the pharynx and larynx in one or all of the following ways:

1. By mouth-breathing, which I may say acts not only through the irritation of the cold, dry, and impure air inspired through the mouth, as in nasal obstruction, or through the nasal passages, as in atrophy of

the turbinated structures, but also by crippling the respiratory and vocal forces, shortening both inspiration and expiration, compelling rapid respiration and resulting vocal and respiratory fatigue.

2. By the constant endeavor to overcome the loss of nasal power and resonance, and the consequent pharyngeal and laryngeal fatigue.

3. In certain cases, by interference with the normal motility of the palatal structures.

4. Through reflected irritation.

5. By the irritation of the atmosphere, vitiated in some instances, not by virtue of its passage through the mouth, but through the nasal chambers themselves.

6. By so-called extension of inflammation.

7. Possibly by irritation of secretion.

HYDROBROMATE OF HYOSCINE—ITS USE IN CASES OF INSANITY.—Drs. Peterson and Langdon, after a study of the actions of hydrobromate of hyoscine in sixty cases (Medical Record, September 19th), makes the following conclusions:

We had hoped to be able to add hyoscine to our hypnotics, because its tastelessness would have made it especially valuable. There is, however, no virtue in the remedy, because of its uncertainty of action and the length of time it requires to produce sleep (sometimes one to two hours) when given by the mouth.

Hyoscine is not, in our opinion, a real hypnotic, such as chloral, opium, and the bromides, although it disposes to sleep by causing muscular relaxation and a feeling of weariness, and does, in large doses, produce stupor.

The sleep apparently caused by it is of short duration, and is easily broken.

We think it should never be given by the mouth with the view of producing sleep. We shall use it hereafter only hypodermically.

Its continued use is not advisable.

Constitutional effects appear in some cases sooner and more severely than in others.

The respirations are made shallower but not diminished in number (any more than by natural sleep).

The pulse is often considerably reduced, sometimes increased in frequency, and usually made very variable. It may reduce or increase arterial tension. The face usually flushes, and the extremities become cold.

There is dilatation of the pupils and loss of accommodation. There is, further, dryness of the throat and mouth, dizziness, and in many cases, anorexia and nausea, in some cases vomiting and diarrhea.

In a few cases there is sensation of heat and itching of the skin.

The severer effects are muscular tremor, unsteadiness of gait, delirium, and stupor.

It seems in one or two cases to have increased erotism.

As to its use in insanity, we tested it chiefly, as before stated, in these cases for its value as a hypnotic. We think, as a rule, it increased excitement by continued use. It made our melancholiacs worse. It was no improvement in chronic mania, dementia, and general paresis, on chloral and hyosciamus. It was of no value in epilepsy, but may not have been continued sufficiently long. It may prove of value in some cases of acute mania if given subcutaneously; but we doubt if it will supersede hyosciamine.

A CASE OF ENUCLEATION WITH REPLACEMENT OF THE HUMAN GLOBE, BY THAT OF A RABBIT.—Dr. H. B. Chandler reports the following remarkable case as having been performed by Dr. H. W. Bradford, of the Massachusetts Eye and Ear Infirmary, Boston Medical and Surgical Journal, September 17, 1885: A patient had an atrophied eyeball which was removed carefully, the optic nerve and recti muscles were caught by sutures, and the hemorrhage was stopped by ice. A rabbit's eye was then removed carefully, and after filling the cavity of patient's orbit with egg albumen, the rabbit's eye was carefully inserted and the optic nerve and recti muscles stitched to the globe. The lids were closed and iodoform and absorbent cotton with a flannel bandage applied. On the seventh day it was removed. The cornea was then found slightly hazy; atropine was dropped in and the dressing reapplied. On twelfth day it was again examined. Cornea less hazy. The conjunctiva was well united around the cornea to the globe, the eye moved freely. Atropine and iodoform dressing reapplied. On eighteenth day corneal haziness less, tension of eye good, ocular movements good in all directions.

Vision was not expected in the transplanted organ, as the optic nerve was composed principally of connective tissue and diminished to half its size, the principal aim was to obtain cosmetic effects.

A SERIOUS mistake was lately found to have been committed by a wholesale house in Philadelphia, which had been selling tartar emetic in place of Rochelle salt, probably owing to the carelessness or ignorance of one of its workmen. A number of persons who had purchased Rochelle salt at a retail pharmacy were taken violently ill, and the above fact was ascertained as being the cause of their illness. Presumably, the wholesale house succeeded in getting back all the tartar emetic thus sold, as no further cases of poisoning have since been reported.—*Boston Med. and Surg. Journal*.

At the recent meeting of the American Pharmaceutical Association the following officers were elected for the ensuing year: Joseph Roberts, of Baltimore, President; J. H. Hallister, of Madison, Wis., A. B. Prescott, of Ann Arbor, Mich., James S. Evans, of West Chester, Pa., Vice-Presidents; J. M. Maisch, of Philadelphia, Secretary; C. A. Tufts, of Dover, N. H., Treasurer; C. L. Diehl, of Louisville, Reporter of the Progress of Pharmacy.

MERCURY IN THE ABORTIVE TREATMENT OF TYPHOID FEVER.—According to Kalb (*Berl. klin. Woch.*), mercurial frictions, practiced before the ninth day, produce complete defervescence in a few days. The inner aspect of the thigh is to be chosen, and the frictions should last half an hour. At the same time Kalb gives large quantities of alcohol to counteract the damage to nutrition.—*New York Medical Journal*.

DR. JOHN H. OWINGS, in Medical and Surgical Reports, recommends the following in croup:

R Tr. eucalyptus, 3v;
 Mur. pilocarpine, gr ½;
 Vin. pepsin, 3j;
 Syr. tolut. q. s. ad., 3iv.
 M. Sig. Teaspoonful every half hour.

TO DISGUISE THE TASTE OF MEDICINES.—Bitter and nauseous salines are best taken simply diluted with iced water. A mouthful or two of iced water, before or after the dose, to blunt the sense of taste, and the dose between them in a wineglassful of iced water renders it easily taken by most persons.—*Squibb's Ephemeris*.

It is said that Jäger's chair of ophthalmic surgery in Vienna is likely to be given to Professor Fuchs, of Liège.

THE Medical Record says that Prince Ludwig Ferdinand, of Bavaria, son-in-law of Queen Isabella, of Spain, who obtained the degree of Doctor of Medicine at Munich last year, is now practicing at Nymphenburg, Bavaria.

A DOCTOR ASSASSINATED.—Dr. Thomas Waugh, a physician of Chicago, Ill., was fatally shot, on September 12th, while returning from a late visit to a patient. The assailant is thought to be known, and conflicting theories as to his motive are held.

TO PREVENT BUZZING OF EARS PRODUCED BY QUININE.—The distressing ear symptoms produced by the administration of quinine or salicylate of sodium are counteracted by the addition of small doses of ergot to the mixture.

WE learn that Dr. R. B. Maury, of Memphis, Tenn., has declined the honor of serving as one of the vice-presidents of the Section in Obstetrics and Gynecology of the proposed International Medical Congress.

POISONING FROM CAFFEINE.—Dr. E. N. Liel reports, in the New York Medical Journal, a case of poisoning from eighteen grains of citrate of caffeine, which was relieved by hypodermics of atropia and dram doses of whisky.

DR. FUGENIUS A. HILDRETH, one of the most prominent physicians in Wheeling, W. Va., died at his residence in that city on August 31st, in the sixty-fourth year of his age.

At the meeting of the Cincinnati Academy of Medicine, on September 28th, Dr. E. S. McKee will report one hundred deliveries.

DR. FRANCIS D. CUNNINGHAM, one of the most prominent physicians of Richmond, Va., died September 9th, aged forty-nine years.

DR. JOHN B. HAMILTON, Surgeon-General of the Marine Hospital Service, has sent his resignation to the President, to take effect November 1st.

DR. WILLIAM GUY, Professor of Forensic Medicine in King's College, London, is dead, at the age of seventy-five years.

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ANTISEPTIC OBSTETRICS.

In the Philadelphia Medical News of September 19th is a suggestive article upon the use of antiseptics in the obstetric practice of large cities. The writer bases his remarks upon points made by Dr. Debaker relative to the *Necessity of Antiseptic Accouchement in Populous Centers* in a work recently issued in Paris.

Dr. Debaker states that if a woman takes baths in the latter part of pregnancy, she should add a solution of corrosive sublimate to the water, and also while taking the bath have a perforated tube placed in the vagina, so that the water may pass up to the neck of the womb. If she does not bathe, she ought to take a vaginal injection morning and evening of a solution of sulphate of copper, one part to one hundred. During labor a disinfectant vaginal injection is made, and phenic oil is used upon the finger before the latter is introduced into the vagina. After labor has ended and clots have been expelled, an irrigator with a vaginal canula, well oiled and disinfected, is used to throw into the vagina from a half to a whole quart of a solution of sulphate of copper, one part to one hundred; the os uteri is now largely open, there is really a washing of the uterus made. The injections are repeated morning and evening.

Debaker holds that the antiseptic method ought to be universally adopted in all populous cities, that it alone offers almost a complete security in labor, and that, should puerperal accidents occur, it is the remedy which, combined with those suggested by therapeutics, can alone effect a cure.

The position to which the modern doctrines of microbic pathogenesis and antiseptic medicine have brought some of our ambitious elaborators of partial truth, is extreme if not ridiculous; and in the next edition of Dr. Debaker's work it may be logically expected that specific directions will be given for the disinfection of the seminal fluid in its passage from the vagina to the ovaries, since the spermatozoids tarry for a time in the vaginal folds about the neck of the uterus, and may, on taking up the line of march, carry upon their backs the death-dealing microbes into a region presenting conditions fit for their prompt absorption into the general circulation.

It used to be thought, and so taught, that pregnancy was a physiological state; but under the ruling of some of our modern magnates obstetrics is likely to be remanded to the department of pathology, and reproduction in the human species set down among the deadly sins.

According to the teaching of Dr. Debaker the vagina of the pregnant woman is a culture tube for pathogenic microbes, or a cess-pit for the elaboration of septic matters; while the pregnant uterus becomes an avenue for the entrance and rapid transit of these destroyers, so soon as parturition shall throw open the gate.

Now, testimonials to the error of such teaching are almost as plentiful as babies, since the multitude of women who pass without mishap through the pregnant, parturient, and puerperal state is a standing contradiction to any theory which asks of the human female in making the toilet of pregnancy any thing more than cleanliness by common means. Indeed, ordinary cleanliness, though desirable, can not be said to be essentially prophylactic, even in "populous centers;" for what centers are more populous than the dens of squalid poverty in the great cities, where thousands of uncleanly females are ever conceiving and bringing forth without puerperal mishap?

That procedure of meddlesome midwifery

known as vaginal and uterine irrigation has seemed, in certain cases, to exert a prophylactic power. It can surely do no harm if the operator takes good care that his instruments be clean, in the chemical sense of the word.

Some one of the few active germicides must at this juncture, by the dictum of high authority, be employed, though the best observer would find it difficult to prove that, under the conditions then obtaining, namely, the presence in the genital tract of blood, mucus, and other fluids coagulable by chemicals, the antiseptic agents, in solutions of manageable strength, would not be neutralized before they should have time to destroy the microbes. Of course irrigation may be continued until all removable matter is washed out of the vagina, and the fluid comes away clear; but still it is an open question as to whether more is done by the antiseptic wash than simple water would accomplish under like conditions.

Bibliography.

The Technology of Bacteria Investigation; Explicit Directions for the study of Bacteria; their culture, staining, mounting, etc., according to the methods employed by the most eminent investigators. By CHARLES S. DOLLEY, M. D. 12mo, pp. xii and 263; cloth. Price, \$2.00. Boston: S. E. Cassino & Co. 1885. For sale by John P. Morton & Co.

This handsome little book gives a full survey of microbiology from the minute wigglers found upon the teeth by Van Leeuwenhoeck, in 1683, to the latest discoveries of our day, with every needed suggestion to him who would make a special study of bacteriology.

It will, therefore, suit the needs of every physician who desires to post himself with reference to the most brilliant and fruitful researches in the department of pathology, while to the specialist it will prove to be a working manual of great value.

The work can not be said to present any essentially new features; but its preparation was a task which involved nothing less than the study of the entire literature of what has in recent years become a vast field of research, and the noting, in a condensed

form, of every point of practical value found. This the author has done with remarkable skill and faithfulness, and we doubt not that his labor will meet with due reward.

Poisons, their Effects and Detection: a Manual for the use of Analytical Chemists and Experts, with an introductory essay on the Growth of Modern Toxicology. By ALEXANDER WYNTER BLYTH, M. R. C. S., F. C. S., etc. With tables and illustrations. Vol. I. Wood's Library of Standard Medical Authors. 8vo, pp. xxxi and 333; cloth. New York: William Wood & Co. 1885.

This work is a substantial contribution to practical chemistry, and is likely to find place among the books of every practical toxicologist.

The volume is divided into five parts. Part first begins with a curious and entertaining essay upon the old Poison Lore, in which numerous historically-celebrated cases of poisoning in ancient and medieval times are noted and analyzed in the light of modern science, with conjectures more or less plausible as to the nature of the drug employed. This is followed by a discussion of the Growth and Development of the Modern Methods of Chemically Detecting Poisons. This, to the student, is of great historical interest. A bibliography of the chief works on toxicology closes this part of the volume.

Part second deals with poisons, their effects, and detection. In this part of the work may be found the author's definition of a poison, which, though still failing to meet the legal and scientific requirements, is perhaps as near an approach to the desired generalization as can at this time be made. It runs thus: "A substance of definite chemical composition, whether mineral or organic, may be called a poison if it is capable of being taken into any living organism, and causes, by its own inherent chemical nature, impairment or destruction of function." Following this may be found the classification of poisons and the statistics of poisoning, with life tests (physiological experiment) and general method of procedure in searching for poison.

Part third treats at length the toxicology of the acids and the alkalies.

In part four are considered the more or less volatile poisonous substances capable of being separated by distillation from neutral or acid liquids, such as the hydrocarbons, camphor, alcohol, amyl nitrite, ether, chlo-

roform, and other anesthetics, chloral, carbon disulphide, carbolic acid, nitro-benzine, prussic acid, and phosphorus. This department represents the fruit of much recent valuable research, and will be hailed by the practical chemist as a new and ready help to the solution of many difficult problems.

Part five treats of the alkaloids and poisonous vegetable principles separated for the most part by alcoholic solvents. Here a number of new and simplified methods of isolating these illusive compounds, and new and striking tests for some of them, may be found.

The table of contents for the second volume is published with the volume under notice, which leads us to hope that the work in its entirety will soon appear.

The illustrations are excellent, but not numerous, though probably sufficient for a work of this character. The work of the printer is admirable.

A Text-Book of Physiology. By M. FOSTER, M. A., M. D., F. R. S., Prelector in Physiology and Fellow of Trinity College, Cambridge. Third American from the fourth and revised English edition, with extensive notes and additions by EDWARD T. REICHERT, M. D., Demonstrator of Experimental Physiology in the University of Pennsylvania. With 271 engravings. 12mo, pp. 911. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

The author of a standard work in physiology, who expects his readers to keep pace with his division of the grand army of science, must consent to prepare a new edition at least once in every four or five years. Dr. Foster has more than made good this obligation, since, in the history of his *Text-Book of Physiology*, he has in one instance, if not more, allowed but two years to pass between editions. Indeed, it would not be surprising to find that the industrious author is in the habit of beginning work upon a newer edition so soon as the proof sheets of the older are read. Whether this be so or not, the labor of almost constant revision is the penalty which he has to pay for dealing with (in the words of Carlyle) "the most fingent plastic" of the sciences, and so it will continue to be for some decades yet to come, unless the search for microbes shall call the coming original investigators away to fields more fair and fascinating.

The new edition of Foster is less bulky than its predecessors, more condensed in

text, more comprehensive in scope, and better adapted to the understanding of non-expert readers.

All of the body of the former edition which was fit to withstand the siftings of time is preserved, while to it in nearly all parts is added new matter, as the subject demands; but the long paragraphs in small type, which in former editions dealt with mooted questions and the often doubtful experiments of many investigators, are omitted. These omissions cause the work to show fewer pages, but enhance its worth and popularity as a text-book by taking from it the air of abstruse science, which once it wore to the discouragement of beginners in medicine.

Foster is, without question, the ablest physiologist of the day, and any thing that tends to popularize his works will favor true growth in science.

The number of illustrations is increased by an even dozen. The annotations of the editor are, as in the former edition, pertinent, and in the spirit of a true disciple.

Minor Surgical Gynecology: a Treatise on Uterine Diagnosis and the Lesser Technicalities of Gynecological Practice, including General Rules for Gynecological Operations, and the Operations for Lacerated Cervix and Perineum, and Prolapsus of Uterus and Vagina, for the use of advanced students and general practitioners. By PAUL F. MUNDÉ, M. D., Professor of Gynecology at the New York Polyclinic and Dartmouth College. Second edition, revised and enlarged, with 321 illustrations. New York: William Wood & Co. 1885.

This work, of five hundred and forty pages, by Professor Munde, treats of uterine diagnosis and general rules for gynecological practice in a clear, forcible, and instructive manner. The subject of gynecological examination—manipulations by means of the finger, speculum, sound, and probe—is elaborately considered and illustrated, including the reposition of the displaced uterus and ovaries. Dilatation of the uterus with and without cutting instruments, its counter-indications and dangers, is ably discussed.

There is nothing worries the practitioner in the treatment of uterine disease so much as the adjustment of pessaries. Some discard every thing except the cotton tampon, all other pessaries being so difficult of application that they are liable to act as irritants. Though every physician can not be an Emmet or a Thomas in dexterity and

mechanical skill in the modeling and shaping of pessaries, yet the majority of physicians can relieve dislocations materially by the use of the hard rubber, if a more thorough examination is made as to the nature of the displacement, the mobility of the uterus, and the length and width of the vaginal canal. The author truly remarks that the cardinal rule in the employment of pessaries is to fit *every pessary to every case*. The whole question of pessaries and displacements of the uterus, and all the procedures necessary for their proper adjustment is given by one who seems to be a thorough master of the subject.

The work closes with operations for lacerated cervix and lacerated perineum, cystocele, and rectocele. In primiparous labors, an examination should be made, and the sewing of the rent in all cases of lacerated perineum *at once* advised. Not only is the work well written from a scientific standpoint, but the minute attention given to every detail of manipulation and operation will make it the more welcome to the busy practitioner. It is a good book, well illustrated, and of the highest practical value.

W. B. D.

The American Bookseller, published in the interests of Newsdealers, Booksellers, and Stationers, 10 Spruce Street, New York. Price, \$2 per annum.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects, Vol. vi.—Heastie—Insfeldt. Quarto; pp. 1051; cloth. Government Printing Office. 1885.

It is agreeable to all lovers of medical lore, and creditable to the Army Medical Department that this great work is progressing without check, and it is to be hoped that nothing will transpire to rob it of Dr. Billings' invaluable supervision before the final volume shall be put to press.

A Plea for the Medicinal Use of Pure Alcohol and Alcoholic Mixtures of known composition in preference to ordinary Fermented Liquors. By Henry Leffmann, M.D. Reprinted from the Polyclinic.

Plumbing Problems, or Questions, Answers, and Descriptions relating to House-Drainage and Plumbing, from the Sanitary Engineer, with 146 illustrations; 8vo, pp. 244; cloth. New York: The Sanitary Engineer. 1885.

Insomnia and other Disorders of Sleep. By Henry M. Lyman, A. M., M. D., Professor of Physiology, and of Diseases of the Nervous System, in Rush Medical College, etc. 12mo, pages x and 239; cloth. Chicago: W. T. Keener, 96 Washington Street. 1885.

Practical Therapeutics. A Compendium of Selected Formulæ and Practical Hints on Treatment, systematically arranged, interleaved and copiously indexed. By Edward J. Bermingham, A. M., M. D., Fellow and ex-Vice-President of the American Academy of Medicine, etc. New York: J. R. Bermingham, Publisher, 1285 and 1287 Broadway. 1885.

Vaginal Hysterectomy for Cancer. By A. Reeves Jackson, A. M., M. D., Professor of Gynecology in the College of Physicians and Surgeons, Chicago. Read in the Section in Obstetrics and Gynecology at the thirty-sixth annual meeting of the American Medical Association; reprinted from the Journal of the Association, August 15, 1885.

The Quarterly Bulletin of the Clinical Society of the New York Post-Graduate Medical School and Hospital is the name of a new Medical Journal established by the faculty of the Post-Graduate School. The first issue contains a number of interesting original articles by prominent members of the faculty, and a complete report of the proceedings of the Clinical Society since its foundation. The volume is well printed and attractive. Price, per year, \$2.

PROLONGATION OF THE ANESTHESIA FROM COCAINE WHEN USED HYPODERMICALLY.—Dr. J. Leonard Corning (New York Medical Journal), after experimenting with cocaine hypodermically, as a local anesthetic, found that if a tourniquet be applied a few minutes after the cocaine is injected, that the anesthetic effects of the drug may be maintained for an indefinite length of time, and that the anesthesia is more pronounced. If an Esmarch bandage be applied and then the cocaine injected, very little anesthesia will be obtained. If the cocaine be injected and then the Esmarch bandage applied, care being taken to protect the parts around the injection, the anesthesia will be extensive and prolonged.

Selections.

SALICYLIC ACID IN RHEUMATISM.—Dr. P. W. Latham, the Downing Professor of Medicine at Cambridge, in an article entitled, "Why does Salicylic Acid Cure Rheumatism," lays down the following rules for its successful administration:

First, the true salicylic acid obtained from the vegetable kingdom must alone be employed. If you have to give large doses, avoid giving the artificial product obtained from carbolic acid, however much it may have been dialysed and purified. An impure acid will very quickly produce symptoms closely resembling delirium tremens.

Secondly, give the acid without any alkaline base. A very good form is to mix 100 grains with 15 of acacia powder and a little mucilage. Allow the mass to stand and harden, and then divide into 30 pills.

Thirdly, place the patient fully under the influence of the drug—that is, let him have sufficient to produce cerebral disturbance—that is, buzzing in the ears, or headache, or slight deafness; with the development of these symptoms, the temperature and the pain in the joints will begin to decline. To an adult he generally administers three doses of twenty grains (six pills) at intervals of an hour, and if the head remains unaffected, a fourth dose at the end of another hour; and then repeat the twenty grains every four hours until the physiological effect of the remedy shows itself. In the majority of cases, from eighty to one hundred grains are enough. In severe cases, one hundred and forty to one hundred and fifty may be required. Afterward, about eighty grains a day are sufficient, and as the temperature declines, smaller quantities will develop their physiological effects, sixty or even fifty grains being then sufficient to produce cerebral disturbance. It would appear that as long as the rheumatic poison is circulating in the system, the physiological effect—that is, the effect it produces in the healthy organism—does not show itself; acting as an antidote, the greater the amount of poison, the larger must be the dose of the remedy; but as soon as the formation of the *materies morbi* is stopped, then the excess of the remedy acts as it would in the healthy organism, and its peculiar physiological effects are developed. It is a very striking illustration of the difference between the therapeutical

effect of a remedy, and its physiological action.

Fourthly, give the patient from forty to eighty grains daily for ten days, after all pain and pyrexia have passed away.

Fifthly, let the patient's diet consist entirely of milk and farinaceous food for at least a week after the evening temperature has been normal. On the other hand, if the patient has meat and soup, you may look forward with fair probability to a relapse.

Sixthly, take care to maintain a daily and complete action of the bowels. Calomel is the best purgative, from two to five grains at night, followed in the morning, if necessary, with a saline draught. This is the most important adjuvant to the action of salicylic acid.

Seventhly, let the patient be enveloped in a light blanket, and with no more bedclothes than are sufficient to keep him from feeling cold. The object of the treatment now is to cool the patient, not, as in former times, to sweat the poison out of him, and the cooler he is kept the sooner will the temperature be lowered.

Dr. Latham has not yet concluded his observations, but so far he considers that though lactic acid has much to do with the symptoms, it is the excessive formation of glycocine and of uric acid in the tissues that develops the symptoms of rheumatic fever, and salicylic acid cures the disease by combining with the antecedents of these bodies, and prevents their formation. When salicylic acid is administered internally, it passes off by the urine as salicyluric acid—that is, it has combined in its passage through the system either with glycocine or its antecedent, for, on treating salicyluric acid with fuming hydrochloric acid, it is resolved into salicylic acid and glycocine. Consequently, in the system, by seizing either upon glycocine or its antecedent, salicylic acid takes away an essential constituent of uric acid, and so prevents the formation of this body.—*Lancet*, June 20, 1885.

BACTERIOTHERAPY; A NEW METHOD OF TREATMENT.—Professor Arnaldo Cantani has turned to account the hostility existing between various microbes; and, in the first case where the experiment has been tried, the bacillus tuberculosis has been killed by causing the patient to inhale the bacterium termo. The harmlessness of the bacterium termo to healthy animals was first ascer-

tained by giving it in various ways—by inhalation, injection, and by the stomach—to cats, dogs, and other animals. The case is briefly as follows: A woman, aged forty-two, with a large tubercular cavity in the upper lobe of the left lung, was admitted to the hospital on April 26th of the present year. Under quinine, cod-liver oil, and other restorative treatment, the patient was rapidly losing ground. The evening temperature was between 100° and 101° Fahr. The expectoration was copious, purulent, and contained elastic fibers and abundance of tubercle-bacilli. Animals inoculated with the sputum became tuberculous. The body-weight of the patient steadily fell. On May 4th, all other treatment was stopped, and daily inhalations of the bacterium termo were commenced; a rich culture in gelatine, diluted with meat broth, being pulverized by means of an ordinary spray-producer. The expectoration diminished rapidly until it disappeared altogether. The tubercle-bacilli became fewer by degrees, being replaced by the bacterium termo; and, on June 1st, the bacillus had entirely disappeared, and it did not again return. Animals inoculated with the sputum no longer became tuberculous. Meantime the patient was gaining flesh, and improving in every way. Professor Cantani speculates on the possibility of finding, for every pathogenic microbe, a non-pathogenic, hostile one. However, he very wisely does not lay great stress on a single case, nor does he pretend that the bacterium termo is the best microbe to oppose to the bacillus tuberculosis. Outside the body, the bacterium does not always kill the bacillus; and the two microbes are found together spontaneously in tubercular cavities. In the case recorded, however, the conditions are different from these in which the bacillus has withstood the bacterium. The bacterium was given in large quantities, and in a vehicle that was, perhaps, more favorable to the bacterium than to the bacillus.—*British Medical Journal*.

FRUIT-STONES IN THE INTESTINE.—Professor Fürbringer has recently published, in the Viennese medical papers, the case of a woman of the working classes, forty-nine years old, and subject to dementia, who showed signs of pain and irritation in the region of the anus. Scanty watery stools passed involuntarily for a week, accompanied by severe dyspepsia and emaciation. On examination, the integuments around

the anus were found to be sodden and covered with a sanious discharge; there were also inflamed piles. On introduction of the finger into the rectum, ninety-eight plum-stones were removed; they were imbedded in the depressions between large, partly gangrenous, bleeding masses of congested mucous membrane. Pieces of pack-thread, apple-peel, plum-stalks, and large masses of rags were also extracted from the bowel; the rags were covered with very thick, clear mucus. The mucous membrane of the rectum was deeply injected, and ulcerated in parts. Two days later, one hundred and thirty-seven plum-stones, with masses of feces, were brought away; and, after the administration of cold enemata and castor-oil, vast quantities of fecal matter were voided from the anus. The symptoms of proctitis rapidly disappeared. It was found that the foreign bodies had not been introduced through the anus; the patient had been seen shortly before her illness to enter a cottage for the purpose of begging, and to steal, from a heap of fruit collected for the manufacture of jam, a quantity of plums, which she at once swallowed entire. At other times she was detected swallowing eatable or uneatable substances, to appease the pangs of hunger. *Ibid.*

IODOFORM AND NAPHTHALINE IN THE TREATMENT OF CHOLERA.—The Paris correspondent of the *British Medical Journal* says that: At the Congress for the Advancement of Science held at Grenoble, M. Bouchard read an interesting paper on cholera, in which he made the following statements: He has observed in all cholera patients a modification of the secretions, both in quantity and in character. M. Bouchard administered naphthaline to forty cholera patients; afterward the urine was violet during emission. The substance which produces this coloration is soluble in ether, a proof that it is elaborated abnormally by the liver. In healthy subjects, M. Bouchard has never observed this phenomenon. He has met with it in two patients suffering from acute yellow hepatic atrophy. He has often met with contraction of the pupil; frequently it resembled a dot. This contraction lessens and increases. When cholera patients are anuric, the pupil reaches its maximum of contraction, and dilates when urinary secretion is re-established, disappearing again when it ceases. There is a connection between myosis and anuria, but

this symptom is not an indication of cholera, but of uremia; in all cases of uremic intoxication, M. Bouchard has observed it. Convinced that every method hitherto adopted to combat cholera is unsatisfactory, M. Bouchard has studied the rational treatment of cholera based on its mode of development. It is believed that the morbid agent is present in the intestines, and secretes there its poison; therefore, if the intestines were free from microbes, the malady should be arrested. M. Bouchard administered naphthaline and iodoform to his cholera patients in sufficient quantities to assure an antiseptic condition of the intestines (one gram of iodoform and five grams of naphthaline in a weak solution). The result was a mortality of 66 per cent. M. Chantemesse, his house-surgeon, has made experiments which demonstrate that the substances used destroy the comma-bacillus. Some of the patients thus treated survived. M. Bouchard continued the antiseptic treatment after recovery, but, in some instances, there was a subsequent attack. His typhoid patients were also treated to insure an antiseptic condition of the intestines; nevertheless, two of them contracted cholera. M. Bouchard does not believe that the comma-bacillus secretes the cholera-virus, or it would be found in the cultivation-fluid, where it would accumulate, not being constantly absorbed or destroyed by the action of organic substances; artificial bacillus cultivations are not toxic. M. Bouchard has made numerous experiments which convince him of this fact. The urine of cholera patients is toxic; it possesses a toxic property shared by normal urine, also by many examples of morbid urine. It provokes contraction of the pupil, increased temperature, difficult respiration, muscular weakness, diuresis, narcosis, finally death, if a sufficient quantity of urine be injected. In addition to these properties, the urine of cholera patients has one peculiar to itself. Injected into the veins of a rabbit it provokes cyanosis, especially evident on the inner surface of the ear, cramps, rigidity of the limbs, increased temperature, which persists. The injection of choleraic urine also produces diarrhea. At the necropsy the intestines contain a substance free from bile, and resembling, both in aspect and histologically, *la puree cholerique*. There is only one dissimilarity; the turbid fluid, which consists principally of desquamated epithelium, does not contain any comma-bacilli; acute albuminuria also immediately

sets in, and is followed by anuria. Death happens in from four to twelve hours. Injection of normal urine causes death, but then death follows immediately.

THE PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF CAFFEINE, THEINE, AND GUARANINE.—Dr. T. J. Mays, of Philadelphia, in an interesting article on Physiological and Therapeutical Action of Caffeine, Theine, and Guaranine (*Therapeutic Gazette*) draws the following conclusions as to their action on the frog:

Caffeine. 1. That the anterior part of the body is affected prior to the posterior, when it is introduced subcutaneously.

2. That the motor sphere is primarily and chiefly affected.

3. That respiration is first increased, then slowed and finally arrested.

4. That it produces convulsions, which are not as marked as those of the strychnine type.

5. That the convulsions are chiefly spinal, and not cerebral.

6. That during the spasmodic stage marked hyperesthesia is present, analogous to the convulsive stage of strychnine, brucine, and cocaine poisoning.

7. That, after the stage of excitement or spasm has passed, paralysis of motion, but not of sensation, takes place.

8. That a stiffness or muscular rigidity begins in the anterior part of the body, and finally pervades the whole of it to a greater or less degree, when administered subcutaneously.

9. That the convulsions are partly, but not wholly, spinal. This is verified by the fact that convulsions appear in the unligated before they appeared in ligated one; and when, after a short interval, they do appear in the latter, they are induced less readily and are much less pronounced than in the former. This shows that the local action on the nerves of the leg is essential to the development of the convulsions of this drug.

10. That there is no impairment of reflex sensibility when locally applied.

11. That immersion of isolated muscle in solution of drug renders it very hard and tense.

12. That it acts chiefly on the motor nerves, and not so much on the muscles, except through the nerves.

13. That there is very little difference, if any, between the rigidity of the poisoned and of the unpoisoned leg.

14. That it arrests the heart in systole.

Theine. 1. That the anterior part of the body is influenced before the posterior.

2. That it paralyzes sensation before motion.

3. That it impairs sensibility from the center, and not from the periphery. This is also true of motility.

4. That it produces convulsions which are spinal.

5. That before or during the spasmodic stage there is marked hyperesthesia.

6. That the general muscular rigidity produced by caffeine when introduced subcutaneously is not present in theine poisoning.

7. That its local action does not produce the characteristic muscular stiffness of caffeine.

8. That it has a more powerful action on the sensory nerve-centers, and less on the motor nerve-centers, than caffeine.

Guaranine. 1. That it effects both sensory and motor nerves, the former before the latter.

2. That it paralyzes sensation and motion from the spinal centers, and not, like brucine and cocaine, from the periphery.

3. That it produces hyperesthesia of the whole body, and after which convulsions.

4. That its convulsions are spinal and not cerebral.

5. That it first increases and then decreased respiration.

6. That it differs in its action from caffeine in that it has a stronger affinity for sensory and less for motor nerves than the latter agent, and that it is more analogous to theine in its physiological action.

7. That it first increases then decreases respiration, and arrests the heart in systole.

THE ACTION OF MEDICAL AND TOXIC SUBSTANCES IN HYSTERICAL PATIENTS.—

The Paris correspondent of the British Medical Journal says, that at the congress for the advancement of science, recently held at Grenoble, MM. Bourru and Burot made a communication on the action of medical and toxic substances on hysterical patients, exercised at a distance. The substance is wrapped up in paper or put in a bottle, and placed at the back of the patient's head, without the cognizance of the patient. All narcotics, under these circumstances, it is alleged, produce sleep. Opium and morphia provoke heavy sleep; chloral lighter sleep; sleep from narceine ceases suddenly, and the patient has an anxious

expression; that from codeine, thelaine, and narcotine, is accompanied by more or less diffused convulsive movements. Emetics and purgatives also vary in the effects produced. Ethylic alcohol provokes heavy drunkenness; amylic alcohols excite angry drunkenness; aldehydes produce almost instantaneously a prostrate condition. Absinthe causes paralysis of the legs. Antispasmodics are very varied in their effect: camphor and cherry-laurel water acts as a sedative; in women, it produces religious ecstasy and convulsion of the respiratory muscles; in male subjects, only convulsions. Repeated experiments show that essential oils produce ecstasy; and hydrocyanic acid convulsions. Valerian produced violent agitation, accompanied by phenomena resembling those which it produces in the cat. Anesthetics produced excitement, followed by sleep. Phosphorus produced trembling; cantharides a state of excitement which camphor calmed. Veratrine produces a pricking of the nostrils, with disturbed vision. Jaborandi and pilocarpin produce sweating, and a flow of saliva, with saccharine re-action. Some of these experiments have been made in the wards of M. Charcot and Dumontpallier. At Grenoble it was proposed to M. Burot to repeat his experiments at the Congress, and a day was fixed, but it was impossible to find a hysterical patient.

TREATMENT OF CHOLERA.—Drs. T. Lauder Brunton and P. H. Pye-Smith, at the conclusion of a paper upon researches relating to the pathology and treatment of cholera, say:

We think that the directions in which further researches after a remedy for cholera are most likely to prove successful are:

1. The discovery of an antiseptic which will destroy pathogenic organisms in the intestine and prevent the formation of cholera poison, while they are not themselves poisonous. Corrosive sublimate is a sufficiently powerful antiseptic, but it may itself prove poisonous to the patient as well as to the pathogenic organisms. It is possible that among the members of the aromatic group of bodies the desired substance may be found having the desired properties.

2. The discovery of some substance which will antagonize the action of the cholera poison after its absorption. As a preliminary step in this direction, further experiments are needed on the nature and action of alkaloidal substances obtained

from cholera dejecta as well as from artificial cultivation in various media and under various conditions, both electrical and otherwise.

3. Observations on the effect of stimulation of the mesenteric plexus by currents passed through the uninjured abdomen in poisoned animals and in patients suffering from the disease.—*The Practitioner*.

USEFUL AGENTS IN THE TREATMENT OF SCARLET FEVER. — When lecturing upon scarlet fever, Professor J. M. Da Costa, of Philadelphia, mentioned the following agents as being of use:

1. Carbolic acid, gtt. $\frac{1}{2}$, a dose for child two years of age; give in mint water.
2. Ammonium carbonate, gr. ij, every two hours to a child ten years of age.
3. Potassium chlorate, \mathfrak{z} j, in water, Oj; patient to drink this in twenty-four hours.
4. Salicylic acid, when high temperature is present.
5. Small doses of chloral.

Always keep skin active, and if heart be weak, give digitalis—if arterial tension be high, give aconite. When much exudation has occurred, he prescribed, for its solvent action:

R Ammonii carb, gr. x;
Liquor. ammon. acetat, f $\frac{3}{4}$ ss.
M. Sig. Every four hours.

If there is much depression, prescribe also quinia and digitalis in combination.—*Col. and Clin. Record*.

THE RELATIVE WEIGHTS OF NEW-BORN CHILDREN.—Wolff, in his inaugural dissertation, Munich, 1883, has given the results of his industrious examination of the statistics of the Lying-in Hospital in Basle with reference to the relative weights of new-born infants. His inquiry covers the period from 1873 to 1882 inclusive, and embraces the statistics of 2,032 children. The analysis of his numerous tables leads him to the following conclusions:

1. Full-term children, the offspring of multiparæ, and boys weigh more at birth than the prematurely born, the offspring of primiparæ, and girls. The difference between the weights of infants of primiparæ and multiparæ is less when the children are prematurely born.

2. The majority of infants lose weight in the first hours of life: in nine per cent, however, there is a gain in weight.

3. The loss in weight of children of both

sexes ends in the first three days. Infants of multiparæ and full-term children complete their loss more quickly, in the average, than the new-born of primiparæ and premature infants.

4. The normal amount of loss in weight reaches from 3.5 to 11.5 ounces: sex and development of the children are without influence.

5. In the same given period of time, a greater number of boys re-attain their initial weight than girls, and boys of multiparæ in greater numbers than those of primiparæ.

6. At the end of seven days half of all new-born infants have re-attained their initial weight, and it is to be considered an exception for an infant to be below its initial weight after the fifteenth day.

7. More boys and children of multiparæ re-attain their initial weight in the first week than do girls and children of primiparæ.

8. During the usual stay in hospital more boys than girls show an increase over their initial weight, especially so the children of multiparæ and those fully developed.

9. The usual daily increase in weight amounts to 0.35 ounce. Full-term children, boys, and infants of multiparæ make relatively larger daily gains. — *Boston Medical and Surgical Journal*.

INOCULATION OF INTERMITTENT FEVER. Prof. Gerhardt recently abstracted some blood from a patient while the latter was suffering from a seizure of intermittent fever and inoculated with this blood two healthy persons. His results are detailed in the *Zeitschrift für Klinische Medizin*. He observed and insists upon the following precautions:

1. The locality in which the inoculation is to be made must be totally free from malaria.

2. The persons whose blood is employed for this purpose must not suffer from syphilis or any other inoculable disease.

3. The persons to be inoculated must agree to the experiment and voluntarily subject themselves to it.

4. The temperature-record of the individuals to be experimented upon must have been carefully kept for some time preceding the experiment, and evince not the least increase of temperature. They must have been at the time of the operation, and for a long time preceding it, utterly free from all febrile symptoms.

The experiments themselves gave the following results:

1. The intermittent fever caused in this manner, by inoculation, is distinguished from the natural malarial fever by greater irregularity of the attacks of the former.

2. After a number of single or group-wise attacks, a regular quotidian, analogous to the form present in the original source, developed itself in the one person on the twelfth day, in the other on the twenty-fifth.

3. The fever thus artificially produced reached in both cases such a high degree (temperature as high as 106° F., and duration of fever fully twenty-four hours) that the experiment had to be interrupted by the administration of quinine.

4. There is no doubt that the pathogenic element of malaria is present in the blood of a patient suffering from intermittent fever at the time of a seizure, and that it is then, together with the blood, inoculable.

5. With very few exceptions, all the seizures by which the inoculated persons were attacked set in at the hour at which the inoculation had been made, or if they had not done so (as was the case a few times) they reached their acme at that time. The period for incubation was difficult to determine: the first febrile movement made its appearance in the one case on the seventh day, in the other on the twelfth, and the graver series of seizures began in the one on the seventeenth day, in the other on the twenty-fifth.—*Indian Medical Gazette*.

TREATMENT OF NEVUS BY SODIUM ETHYLATE.—For some months past ethylate of sodium has been extensively employed by me in the treatment of cases of nevus occurring in children, and up to the present I have every reason to be satisfied with its use. I paint over the nevus two coatings of sodium ethylate on two consecutive days, taking care to protect the skin before the application, and in all instances of superficial nevi thus treated have found them cured on the separation of the scab. Those cases affecting the subcutaneous tissues generally require a second, or in some cases even a third repetition of the remedy.

It seems to leave less scar than nitric acid, to cause less pain to the child, and of all applications is the one least dreaded by the mother.—*Samuel Welch, M. R. C. S., in the British Medical Journal*.

THE TREATMENT OF DIFFERENT DISEASES OF THE INTESTINES WITH NAPHTHALIN.—

(*Wiener Med. Blätter*.) The use of naphthalin in intestinal diseases was suggested by its disinfecting properties. Therapeutic investigations showed that it could be tolerated in doses as large as five grams daily without harm, since only a small portion is absorbed. The substance should be washed in alcohol until it is colorless, then dried and sublimed, which will leave it in large, white, beautifully formed crystals. Oil of bergamot may be added if it is to be given in the form of a powder. For injection purposes it may be given in the form of an emulsion, one gram being added to fifty or one hundred grams of distilled water, the mixture boiled and allowed to cool to 37° C. Usually this substance is well tolerated, but vomiting and retching are sometimes caused by it. In the acute intestinal catarrh of children very good results were obtained by the administration of naphthalin in doses of from one to two tenths of a gram every three hours. In typhus fever good results were obtained by the simultaneous use of naphthalin and quinine.—*Archives of Pediatrics*.

TO ARREST HICCUGH.—Dr. Ramos asserts that hiccough may be at once arrested by wetting the lobe of the ear with cold water, or with any fluid which by its evaporation will produce a slight degree of refrigeration.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from September 13, 1885, to September 19, 1885:

Col. John Campbell, Surgeon, retired from active service. September 16, 1885. (S. O. 212, A. G. O., September 16, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the four weeks ended September 19, 1885.

Vansant, John, Surgeon, to proceed to New Orleans, La. September 16, 1885. *Hutton, W. A. H.*, Surgeon, when relieved, to proceed to Mobile, Ala. September 16, 1885. *Long, W. H.*, Surgeon, granted leave of absence for ten days. September 1, 1885. When relieved, to proceed to Detroit, Mich. September 19, 1885. *Fessenden, C. S. D.*, Surgeon, to proceed to Norfolk, Va. September 16, 1885. *Sawtelle, H. W.*, Surgeon, when relieved, to proceed to San Francisco, Cal. September 18, 1885. *Godfrey, John*, Surgeon, when relieved, to proceed to Louisville, Ky. September 16, 1885. *Goldsborough, C. B.*, Passed Assistant Surgeon, when relieved, to proceed to St. Louis, Mo.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, OCTOBER 3, 1885.

Original.

THE ETIOLOGY AND TREATMENT OF
NEURALGIA.*

BY ROBERT C. KENNER, M. D.

The causes of neuralgia are constitutional and exciting. Among the causes favoring the development of this disease, malaria is probably the most common. This result of the action of this poison on the system manifests itself in periodical exacerbations of pain. Practitioners in the South and West see a large number of such cases in persons residing in the neighborhood of swamps and lowlands, and other places where this poison is generated, in which there is, beside well-marked paroxysmal periodicity, a furred tongue, loss of appetite, general *malaise*, with increasing debility and other symptoms usually regarded as due to malarial poisoning. Without therapeutical interference the paroxysms recur at shorter intervals with increased severity, while often a malarial fever will develop coincidentally. I have frequently seen an intermittent or remittent fever with co-existent neuralgia. It is the most common thing to see neuralgia following the lowered health stamina of recovery from intermittent, remittent, and typho-malarial fevers and dysentery. It is an intercurrent affection in the course of anemia, chronic pulmonary tuberculosis, chronic bronchitis, syphilis, scrofula, malignant tumors, and cancer. Typhus and typhoid fevers, rheumatism, pneumonitis, and, in fact, all diseases which lower the vital forces, permanently or transiently, may be followed by its establishment, which persists until the system regains its former standard of health. And Prof. William A. Hammond cites, among the causes, the

loss of blood, as in the case of women after childbirth, or from menorrhagia, prolonged lactation, and the changes due to the cessation of the menses.

A large number of cases of facial neuralgia have their origin in carious teeth, or disease of the superior or inferior maxillary bone. Tanner recommends their careful examination in all cases of facial neuralgia whatsoever, and mentions several of the most intractable cases the result of exostosis of the jaw, decayed teeth, and thickening of the periosteum of the fangs.* And again, neuralgia may owe its dependence to the pressure of a tumor on the nerve trunk, or a tumor of the nerve itself, or to a cicatrix from an old neuritis. Professor Alfred L. Loomis very properly regards it as hereditary in those of neuropathic tendency.

It is affirmed by several observers that this disease is more frequently seen in females than in males, and that the intercostal form occurs more frequently in the former, while sciatica is its most common expression in the latter, which observation is borne out by notes of my cases.

The point of its etiology on which I am anxious to lay particular stress is, that it is a disease of lowered vitality. That in all cases its existence is a proof of the presence of some morbid condition, the influence of which depresses the system in a local or general way. This may be one of the results of a cancer, or the outgrowth of temporary derangement of the system caused by pneumonia.

Of course, I would exclude from this generalization those forms of neuralgia caused from pressure of tumors, decayed teeth, and all of those which come within the field of surgical or dental observation.

The study of a large number of cases covering the ground of its forms has fully

*Read at the September Meeting of the Muhlenberg (Ky.) County Medical Society.

*Tanners Practice of Medicine, Philadelphia, 1867, page 316.

convinced me that under the light of the above-named theory of causation only, can we fix our treatment upon a basis which will be rational or successful. The researches of the best observers in the field of nervous diseases seem to imply this doctrine of its cause. Romberg may be said to have anticipated it, when he said: "It seems as if pain were the prayer of the nerve for healthy blood."

Those influences which temporarily depress or unduly excite the nervous system, such as exposure to cold and damp, mental excitement, overstudy, or exposure to the excessive heat of the sun, or sudden changes of temperature, as is experienced in going from heated apartments into the open air, make up what we understand to be the *exciting causes*.

The *treatment* of neuralgia comprises the use of *topical applications*, the *internal administration of palliative remedies*, and *measures directed to the correction of the constitutional disorder on which it is a dependent*.

Local applications over the seat of pain, whether we desire to provide counter-irritation or to obtain the local anodyne effect of some drug, form a useful auxiliary to our efforts at palliation.

Blisters in some forms of neuralgia are very useful. In sciatica, and the intercostal form in particular, they have conduced largely to the comfort of the patient and signally aided in producing the desired result. Several small blisters, about the size of a half-dollar, scattered over the painful surface, or along the course of the nerve as in sciatica, or one large enough to encompass the painful surface, is the manner in which I employ them. When a blister is for any reason not thought advisable, the irritant effect of croton oil answers our purpose often times very well. Ammonia liniment will be found extremely serviceable in all those cases where neither blister nor vesicants are desirable and a reliable rubefacient is what we desire. My experience has led me to consider blisters and vesicants as useful only in the severe forms of this disease, where the pain is extended over a comparatively large area of surface or along the course of a nerve, and they are the only measures sometimes which seem to afford us any good effect. On the other hand, ammonia liniment in all the mild forms of neuralgia renders us exactly what is required in a local application. Tincture of iodine is some times useful. Aconite liniment, claimed by many

to be the best local anodyne, certainly affords us here an efficient agent. The tincture of aconite in my hands, applied over the painful surface, has been followed by equally good effects. Chloroform, camphor, and belladonna liniments, or fluid extract of hyoscyamus, or tincture of opium, form excellent applications, of service in quite a number of cases. Poultices and bags of hot salt occasion often a most desirable anodyne effect. My experience in acupuncture is limited, and not such as would encourage a more extended trial.

The most reliable internal agent we have for palliation of the pain is opium. The hypodermic injection of morphia, or its administration *per os*, is above all other remedies to be relied on. The unpleasant, after effects of opium and the danger of the establishment of its habitual use have constrained me to use it only when other remedies were inadequate. In the very severe forms of the disease its use is imperative, but it is always advisable to dispense with it so soon as it can be done without great discomfort to our patient. In this endeavor I have largely been successful in the use of several of our anodyne medicines. The bromides of sodium and potassium form useful adjuncts to the palliative treatment, when opium is to be discontinued, or given at the beginning of an attack not marked by such excruciating pain as to imperatively demand opium, are often followed with the best results. I have very frequently carried patients through an attack of several days with no other anodyne than the bromide of sodium, without their experiencing any great amount of pain. Because of the milder systemic effect of the bromide of sodium, I prefer it to the bromide of potassium, and order it in doses of \mathfrak{Hj} and \mathfrak{Zss} , from four to six hours apart or oftener, to keep up the sedative influence. I have found it capable of keeping the pain in subjection long enough to neutralize or remove the cause of the disorder. Belladonna, in facial and other forms of neuralgia, which are complained of more as an ache giving annoyance, with increasing severity, has been sufficient in many cases to entirely relieve the sufferer. In doses of from four to eight drops of the fluid extract, repeated every two hours until dilatation of the pupils, has answered my want for a substitute for opium often in an admirable way. It is one of our old remedies which has stood the test of years, and is worthy of our confidence. Hyoscyamus being similar in its

therapeutical qualities to that of belladonna, and the dose somewhat larger, I have not used it sufficiently to determine whether it possesses any superiority over the latter or not. Camphor is an effectual remedy in a number of cases, and where opium was contra-indicated I have seen advantageous results.

Aconite has long enjoyed a reputation in the treatment of this disease, and is occasionally of signal worth. It being a cardiac sedative of great power, is, of course, contra-indicated where the constitutional powers are greatly lowered, or where there is from any cause feebleness of the heart's action. Its use in several of my cases has yielded the happiest results. The inhalation of chloroform is a palliative of great utility, and in some cases positively demanded. In those aspects of the disorder where life seems threatened from actual pain, or in those cases where it is not advisable to await the action of anodynes, seem to me to be the only indications for its use. Several authorities might be quoted to warrant its use in a larger field of cases, but the effects obtained are of short duration and attended with danger. I believe that the above circumstances will prove to be those only in which it is advisable. My experience with chloral hydrate has convinced me that it is a most unreliable agent, and especially valueless in neuralgia. Tonga, introduced to the notice of the profession some years ago by Drs. Ringer and Murrel, has proved itself to be a remedy of considerable merit, and is worthy of more extended use. Its virtues are, however, only those of an anodyne. Conium is a drug which is also useful in some cases, and in combination with several remedies of its class is of especial value. In fact, the combining of anodynes seems in some cases to enhance their efficacy. The formula of the neuralgic pill of the late Prof. Gross is an example of the combination of similar remedies, and is a good prescription in many cases. So, also, is that of Brown-Sequard.

Remedies addressed to the *constitution* will, of course, consist of those applicable in the treatment of the disorder which has produced the diseased conditions favorable to the development of the neuralgia.

Quinia is a remedy which it is always safe to give in those cases where the cause is obscure, and when it is clearly malarial it is almost a specific. Some forms, however, yield only to arsenic. Ferruginous tonics are always applicable and necessary

in the malarial form, and often a cure is not effected until the patient has removed to a more healthy climate.

Electricity in a given number of cases is an agent of great utility.

Malt, cod-liver oil, phosphorus, general tonics, and so forth, will all come in for consideration in our treatment of the constitutional derangement, which is always a key to the therapeutical indications.

I have not considered surgical procedures, since they have no direct bearing upon the chief topic herein discussed.

SOUTH CARROLLTON, KY.

Miscellany.

HOW PHYSICIANS ARE TREATED IN SPAIN. Apropos of the superstitious ignorance of the Spanish people that has caused them to antagonize the efforts of sanitarians in their behalf, and that has cost them already the lives of some 80,000 persons, the Medical and Surgical Reporter notes the following from the *Moniteur Universelle*:

At Puebla Larga, a suburb of Barcelona, a man died of cholera recently. The relatives of the deceased gave no notice of his death, but concealed the fact from their nearest neighbors. When the attendant physician made his morning call he found all of the family in an outer chamber, apparently as happy and jovial as usual. He was invited by one of them to step in and see the patient. He did so, and, on approaching the bedside and finding him dead, was about to retire, when he found himself surrounded by the relations, whose smiles were now turned into scowls and threatening visages. The head of the family was the first to speak. Pointing to the dead man, he exclaimed: "It is thus that you do the work we pay you for. You promised to save him—see the result."

The others chimed in, calling the doctor an assassin and a murderer, and one said: "This is the third one you have slain in eight days, miserable assassin that you are!"

While this was going on, the whole crowd had gathered close around the doctor, the men shaking their fists in his face and spitting upon him. Suddenly, with a cry, the wife of the dead man leaped upon the physician, while the others seized the remnants of the medicines which he had ordered for the patient, and commenced to force them down his throat. The doctor strug-

gled, but was powerless against numbers, and was not released until every drop of the potions, the draughts, the clysters, every pill and powder had gone down his throat.

For twenty minutes the unfortunate physician was thus held and tortured, and when he was finally released by his savage captors and allowed to depart, he was more dead than alive.

In less than one hour from the moment of leaving the house, he was a corpse. The father of the victim, an old man and in poor health, took to his bed on the death of his son, and in two days, he, too, was no more.

The affair has created an intense feeling among the physicians, and the Medical Institute, having been called together, is now considering what course shall be taken in order to protect physicians from the blind ignorance, fanaticism, and fury of the populace in such cases.

TOXIC EFFECTS OF COCAINE.—Dr. J. K. Bauduy, of St. Louis, in an interesting article on Cocaine in *Melancholia* (New York Medical Journal) gives the following as the toxic effect of this drug:

Too frequently repeated medicinal doses, or very large quantities of the drug injected subcutaneously at once, produce results alarming both to the subject and to the spectators. The entire surface becomes pale and covered with perspiration; the pupils dilate gradually and are insensible to light; profound nausea, but no vomiting, follows; the muscles of mastication become more or less rigid and affected with clonic contractions, this effect being produced only among the earlier physiological and toxic effects; there are violent grating and gnashing of the teeth, so that small portions of the enamel are ground off. Tonic contractions of the same muscles (trismus) are sometimes observed, but exceptionally. The eyes assume a fixed, wild, staring gaze that is as characteristic as it is indescribable. There is ceaseless jactitation, with a sensation of wild nervousness that is almost unbearable. There is voluminous loquacity, an extraordinary fluency of speech, the volubility of which must be witnessed to be credited. Excitations of the sexual propensities, one rapidly succeeding the other with astonishing celerity, of a teasing character, are generally observed. Superadd to these phenomena visual and auditory hallucinations and illusions of

the most painful character, and you have a conception of the clinical characteristics of acute cocaineism. I do not know the lethal dose of cocaine. If given in sufficient quantity, it would doubtless induce epileptiform convulsions, terminating in death from exhaustion.

Chronic cocaineism, or the cocaine habit, presents in an exaggerated form most of the phenomena just described.

EARLY AND SUCCESSFUL LAPAROTOMY OPERATION.—A correspondent of the Journal of the American Medical Association says that the other day, in glancing over a file of old newspapers, the following paragraph was observed. Though meager in details it furnishes conclusive evidence of an early and successful laparotomy operation, by William Baynham, of Virginia. This gentleman was, in his day, one of the most accomplished anatomists and surgeons. He was born in Caroline County, Virginia, December 7, 1749, and died at his residence in Essex County, Virginia, December 8, 1814. After studying with his father, Dr. John Baynham, he went to England to further prosecute his studies. He remained in London, connected with St. Thomas's Hospital and as a practicing surgeon, for sixteen years. On his return to America, which he had left as colonies, they had, in his absence become a nation. He settled to practice his profession in Essex, and to the close of his life had a large and responsible practice. At the date of this operation there were no medical journals published in the United States. He may have reported it to some of the medical societies to which he belonged in London, or later to journals published in America. He did report a case or cases of extra-uterine conception, and this case may be the one. However, as all cases of this kind are of special interest to the surgeon and gynecologist, I venture, at the risk of a duplication, to request you to give it a place in your widely-read and influential journal:

RICHMOND, VA., January 26, 1791.

On Saturday, the 14th inst., Mrs. Locke, wife of Mr. John Locke, of Caroline County, Virginia, was delivered of a dead child, which she had carried for upwards of ten years. The child appeared to have been of the size of a full-grown one of nine months old, and was extracted through an opening made in the side of its mother by Dr. [Wm.] Baynham. We are happy to hear that Mrs. Locke is as well as can be expected after so uncommon and painful an operation, which she is said to have borne with great fortitude.—*The Georgia Gazette, Thursday, March 10, 1791.*

EXPERIMENTAL RESEARCHES ON MICRO-ORGANISMS AS A CAUSE OF DIPHTHERIA IN MAN AND ANIMALS.—Herr Löffler has been carrying out some important investigations with the object of demonstrating the presence of micro-organisms in the diphtheritic membrane, using the following staining solution: Thirty c. c. of a concentrated alcoholic solution of methylen-blue to 100 c. c. of an aqueous solution of caustic potash (1—10,000). It is sufficient to leave sections for only a few minutes in this solution to deeply stain most known bacteria. They are then washed in a half-per-cent solution of acetic acid, dehydrated, clarified in cedar oil, and mounted in balsam. In twenty-seven cases in which the diphtheritic membrane was examined, two definite species of micro-organisms were found—a chain-forming micrococcus and a bacillus. The former was cultivated pure on meat-jelly, blood-serum, and cooked potatoes, and bears a very strong resemblance to the micrococcus of erysipelas, both morphologically, and as regards its mode of growth, but is only of secondary importance with respect to the diphtheritic process. The bacillus could not be grown on meat-jelly or potatoes, but on blood-serum at 37° C. it formed, within three days, whitish, opaque colonies, which did not liquefy the serum. The bacilli are of about the same length as the tubercle bacillus, but about twice as thick; they are generally more darkly stained and slightly thickened at the poles. A definite spore-formation was not observed in the cultivations. A variety of animals were inoculated with the pure cultivation, and in some an appearance was produced at the seat of inoculation, *e. g.*, the formation of a false membrane on the tracheal, conjunctival, and vaginal mucous membranes, which closely resembled the local appearances in man. Herr Löffler also found on the surface of a condyloma a bacillus which possessed a great resemblance, both morphologically and as regards its pathogenic action, to the bacillus of diphtheria of calves, and gave rise to diphtheritic infection of rabbits.—*Medical Press*.

REMOVAL OF PLASTER-PARIS DRESSINGS. Dr. G. Krosz writes to the *Deutsch Med. Zeit.* that the removal of a plaster-of-paris dressing is greatly facilitated by first scraping a groove with a knife, and then dropping along it a solution of caustic soda. In a few minutes the plaster becomes pulpy along this line, and the bandage can then

easily be cut through. If two lateral grooves be made, instead of one, a lid can be cut out of the bandage, the leg can be lifted up for the necessary inspection and returned, the lid being reapplied and retained with a roller bandage. In this way the plaster dressing is not cracked, and the limb is not jolted in the effort to remove the bandage. By this method, also, it is a very easy matter to cut any fenestra that may be needed.—*Ibid*.

MORE RESIGNATIONS FROM THE CONGRESS.—Dr. John C. Dalton has resigned the presidency of the Section on Physiology; Dr. E. Fletcher Ingals, of Chicago, the secretaryship of the Section on Laryngology; Dr. E. L. Shurley, of Detroit, Council of Section on Laryngology; Dr. T. A. McGraw, of Detroit, Council of Section on Surgery; Dr. Thomas M. Markoe, of New York, Council of Section on Surgery; Dr. William H. Welch, of Baltimore, Secretary of Section on Pathology; Dr. Thos. T. Sabine, of New York, Council of Section on Anatomy; Dr. Charles Stedman Bull and Dr. E. G. Loring, of New York, Council of Section on Ophthalmology, and Dr. Thomas F. Rochester, of Buffalo, Council of Section on Medicine.

THE AMERICAN GYNECOLOGICAL SOCIETY.—The following gentlemen have been elected as officers for the ensuing year: Dr. T. A. Reamy, President; Dr. T. Parvin, First Vice-President; Dr. G. J. Engelmann, Second Vice-President; Dr. J. T. Johnson, Secretary; Dr. M. D. Mann, Treasurer; Dr. F. P. Foster, Dr. J. C. Reeve, Dr. B. B. Browne, and Dr. R. B. Maury, Council. The next meeting of the Society will be held in Baltimore, September 21, 22, and 23, 1886.

AMERICAN RHINOLOGICAL ASSOCIATION. The following are the subjects of some of the papers (with the authors' names and addresses) to be read at the third meeting of the American Rhinological Association, to be held at Lexington, Ky., October 6, 1885:

Address to the Association on Rhinology, by the President, P. W. Logan, M. D., of Knoxville, Tenn.

Chronic Otitis Media, its Treatment in Connection with Nasal Disease, by Hiram Christopher, M. D., of St. Joseph, Mo.

Self-Deception, by the same author.

Hypertrophic Rhinitis, its Sequelæ and

Treatment, by J. A. Stucky, M. D., of Lexington, Ky.

Treatment of Catarrh, Acute and Chronic, by A. DeVilbiss, M. D., of Toledo, Ohio.

Treatment of Neoplasms of the Nasopharyngeal Cavity—a New Snare—by J. G. Carpenter, M. D., of Stanford, Ky.

Aural Catarrh and Treatment by Different Methods, with the Theory of each System, by Charles A. S. Sims, M. D., of St. Joseph, Mo.

Chronic Conjunctivitis Dependent upon Intra-Nasal Disease, by N. R. Gordon, M. D., of Springfield, Ill.

Demonstrations (on the Cadaver) of the Nasal and Pharyngo-nasal Cavities, the Pharynx and Larynx; the Sections of the Cadaver will show all the Cavities, Canals, and Sinuses connected with the Nasal and Pharyngo-Nasal Cavities, by Thos. F. Rumbold, M. D., of St. Louis, Mo.

Demonstrations of the Manner of Making Applications by means of the Spray-Producers, the age of the patient being respectively one, three, eight, fifteen, and twenty years and older, by the same author.

Removal of Foreign Bodies and Tumors from the Upper Air-Passages, with Demonstrations on a Phantom Head, by the same author.

Treatment of Pruritic Rhinitis (Hay-fever), by Spray Producers alone—Cases—by the same author.

On the Treatment of Secondary and Tertiary Syphilis of the Larynx, Pharynx, and Mouth, by Jos. B. Payne, M. D., of Hot Springs, Ark.

A few suggestions on Hypertrophy of the Turbinated Processes, by E. F. Henderson, M. D., of Los Angeles, Cal.

Seven other papers are promised, but the subjects have not yet been given to the Secretary.

The full programme will be ready to mail to any address on and after the 23d of September, on application to any of the above members, or to Chas. A. S. Sims, M. D., Secretary, St. Joseph, Mo.

CEREBRO-SPINAL MENINGITIS IN A ROLLER SKATER.—At a meeting of the Brooklyn Pathological Society (New York Medical Journal) Dr. George W. Cushing reported a case and the result of the autopsy in a man aged twenty-eight, who died of cerebro-spinal meningitis. He had been engaged in a roller-skating match, and was much exhausted. The disease rapidly developed, and the man died in four days.

NUSSBAUM treats the small, soft warts which frequently cover the penis, by first washing them twice daily in salt water and afterward sprinkling with calomel. The reaction of the residual sodium chloride and mercurous chloride produces mercuric chloride, or corrosive sublimate. This treatment, he claims, cures the warts rapidly, without causing the least pain or detention from business.—*Medical and Surgical Reporter*.

AN outbreak of typhoid fever recently occurred at Bellevue Hospital, New York. The cause was found to be due to an opening in the pipes emptying into the sewer. These had been opened for repairs and left in this condition for several days. Two nurses, two orderlies, and one of the resident physicians had the disease, but none proved fatal.

AN epidemic of smallpox has been raging in Canada. In Montreal, from the 1st to the 21st of August, 380 cases were reported, with 115 deaths. And for September the death-rate is reported as much greater, 164 dying from September 10th to 12th.

DR. B. W. RICHARDSON, F. R. S., finds a scientific basis for the saying that a cat has nine lives. If a cat and a dog are shut up in the same "lethal chamber," the cat survives on the average three times as long, and in one instance nine times.

DR. W. G. METCALF, superintendent of the Rockwood Asylum, at Kingston, Ontario, was attacked by an insane patient on August 15th, while making his rounds, and fatally stabbed in the abdomen.

MR. LAWSON TAIT recently reported one hundred and twelve operations for ovarian and parovarian cysts, without a death and without listerism.

DR. J. J. M. ANGEAR has resigned the professorship of the Principles of Medicine in the College of Physicians and Surgeons, of Chicago.

DR. ALFRED MEADOWS says that no drug equals potassium bromide in controlling ovarian menorrhagia.

TYPHOID fever is reported to have again made its appearance at Plymouth, Pa.

The Louisville Medical News.

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THE ANTI-JENNERIANS.

But little more than four years since, smallpox was vigorously endemic over some large areas of London, England, playing havoc among the ignorant and unsanitary, who kept the disease alive for a long time and spread it in various quarters.

It was at this time that the anti-vaccination agitators were able to make their influence felt, and at their instance the world was treated to the extraordinary spectacle of a pestilence-ridden people rising in arms against the health authorities whose mission was to apply the only measure which could stay or mitigate the scourge. During this day of England's adversity, it was evident from signs, too legible, that on this side of the ocean we were destined soon to like experiences, and recent advices from Canada but too painfully show how well grounded was the augury. The city of Montreal is said to be, at this writing, afflicted with four thousand cases of smallpox, and a consequent death-rate of three hundred a week; while a great mob of unwashed and unvaccinated wretches, under the lead of a few crack-brained fanatics, defies the health officers and municipal rulers, drives

the physicians from the sick, demolishes drug-stores and printing houses, and threatens to wreak vengeance upon the better inhabitants, if it does not raze the town.

The military has been called out, and will probably soon bring order out of anarchy, with appropriate augmentation of the death-roll. The city will be spared further affliction at human hands, but the pestilence has doubtless gained impetus in the interregnum, the elements of contagion being scattered within her boundaries by the mob, and carried into the surrounding country by those who fled to escape its violence.

The terrible ordeal through which our sister city is passing holds a lesson which the officers and physicians of every municipality in the land should lay to heart without delay, for the questions, "who'll be the next, and what shall be done?" are too serious to be trusted to the temporizing spirit of the average local board of health.

The advance-guard of winter is already upon our northern border, and with its march southward smallpox may be expected to take root in every city and village which holds persons unprotected by vaccination. This is a trite fact; but the difficulties of obtaining a stock of trustworthy virus have of recent years multiplied, and constitute, in view of threatened invasion, not only a live issue, but a very serious one.

The original Jennerian seed seems to have been spent by too constant reproduction, and it is doubtful if to-day there can be found any where such virus as that which placed vaccination upon a firm, scientific basis, immortalized its discoverer, and made smallpox epidemics for three quarters of a century impossible in the civilized world.

The bovine make-shift of our day is at best a doubtful resource. The physician must use it in lieu of something better, but it fails utterly in many cases, and when it does take root its constitutional effects and prophylactic powers are most provokingly irregular and uncertain.

Meanwhile, the anti-vaccination preju-

dice grows apace, and will gather strength to the serious hurt of mankind, whenever and wherever vaccination fails of its perfect work. New York has an anti-vaccination society, and there are influential cranks all over the land who are making capital against this most beneficent of Medicine's gifts to man, and would be only too happy in time of pestilence to encourage the rabble in refusing vaccination, resisting the authorities, and turning order upside down.

The state of affairs in Montreal is a menace to every large city in America, and while the authorities are taking counsel as to the best methods of preventing or settling mobs, it would be well for the physicians to exchange opinions as to the best means of securing a stock of real Jennerian virus, which, if obtained and scattered over the land, would spare us all doleful apprehensions of the scourge and its consequences, and disarm the anti-Jennerians of one of their most effective weapons.

Bibliography.

A Text-Book of Medical Physics; for the use of Students and Practitioners of Medicine. By JOHN C. DRAPER, M. D., LL. D., Professor of Chemistry and Physics in the Medical Department of the University of New York, and of Natural History and Physiology in the College of the City of New York. With 377 illustrations. 8vo, pp. 733. Cloth. Philadelphia: Lea Brothers & Co. 1885.

This elegant and useful work bears ample testimony to the learning and good judgment of its eminent author. It is a fact long since conceded that the practitioner and student of medicine can find little time for the study of the intricate problems of physical science, and yet without a knowledge of such points as bear directly upon medicine, the physician will have but dim and shadowy notions of many of its important principles.

Dr. Draper has fitted his work admirably to the exigencies of the situation by avoiding the recital of tedious manipulations and the more abstruse and mathematical features of the subject, and presenting the reader with brief, clear, and simple statements of such propositions as he is by necessity required to master.

In illustration of the author's design and attainment, as above indicated, it may be noted that the sections devoted to the problems of electricity as applied to medicine, optics in reference to practical microscopy, and the methods of bacteriological study, though brief, are very comprehensive; while the cardinal principles of these great topics are so clearly set forth that the student may master them in a short time and with little difficulty. The subject-matter of this book is well arranged, liberally illustrated, and carefully indexed.

That the work will take rank at once among the school text-books is certain; and it is to be hoped that it will find place upon the shelf of the practical physician, where, as a book of reference, it will be found useful and agreeable.

Practical Therapeutics: a Compendium of Selected Formulæ and Practical Hints on Treatment. Systematically arranged, interleaved and copiously indexed. By EDWARD J. BERMINGHAM, M. D., Fellow and ex-Vice-President of the American Academy of Medicine, etc. New York: J. P. Birmingham, publisher, 1285 and 1287 Broadway. 1885.

This is a nicely-bound volume of 420 pages, and is made up of prescriptions and formulæ gathered from many sources, making a serviceable book to those desiring a volume of this kind. Many condemn the practice of using ready-made formulæ, and claim that cases should be treated according to the indications in each individual case. Nevertheless, every one is in the habit of using formulæ he has seen others use with success. The formulæ given in this work are taken from the practice of men of experience and reputation, and which have been found by them to be of service. Considerable labor and time must have been taken in making the collection. The type is good, and the interleaving useful for those who wish to preserve prescriptions which they have found to be of value. J. M. R.

The Southern Bivouac. Contents for October: Ante-Bellum Charleston, Paul Hamilton Hayne; A Muscian's Fancy, William H. Hayne; The Beginning of the Ku-Klux Klan, D. L. Wilson; *Ad Ministrum*, G. M. D.; The Pocahontas of the South, Alpheus Baker; Bragg and His Generals, From Liddell's Record; Our Folk, Emmeline Urmston; Woman's Rights,

Goldsborough; Bragg's Invasion of Kentucky, C. C. Gilbert; *Eheu Fugaces* (Translation from Horace), G. M. D.; To Posthumus (Translation from Horace), M. J. Wright; Carriston's Gift (Illustrated), Hugh Conway; The Eighth Kentucky at Pearl River, A. B.; Repulse of Wilson at West Point, F. L. Richardson. *Comment and Criticism*: The First Written Form of Government; The Battle of Franklin; Hadrian's Address to his Soul. *Editor's Table*: Sentiment and Politics; Education in the South. *Salmagundi*: General Jeff. Thompson; The Runaways; A Desperate Man; The Man of the 12th of May.

On Renal and Urinary Affections. By W. Howship Dickinson, M. D., Cantab., F. R. C. P., Physician to and Lecturer on Medicine at St. George's Hospital, Consulting Physician to the Hospital for Sick Children, Corresponding Member of the Academy of Medicine, New York. Miscellaneous Affections of the Urine and Kidneys. August number of Wood's Library of Standard Medical Authors for 1885. 8vo, pp. x and 343. New York: William Wood & Co. 1885.

Poisons: their Effects and Detection. A manual for the use of analytical chemists and experts, with an introductory essay on the growth of modern toxicology. By Alex. Wynter Blyth, M. R. C. S., F. C. S., etc., Public Analyst for the County of Devon, and Medical Officer of Health and Public Analyst for St. Marylebone. With tables and illustrations. Volume II. July number Wood's Library of Standard Medical Authors for 1885. 8vo, pp. 334; cloth. New York: William Wood & Co. 1885.

A complete Pronouncing Medical Dictionary, embracing the terminology of medicine and kindred sciences, with their signification, etymology, and pronunciation. With an appendix, comprising an explanation of the Latin terms and phrases occurring in medicine, anatomy, pharmacy, etc., together with the necessary directions for writing Latin prescriptions, etc. By Joseph Thomas, M. D., LL. D., author of the System of Pronunciation in Lippincott's "Pronouncing Gazetteer of the World," and Pronouncing Dictionary of Biography and Mythology, on the basis of Thomas's Comprehensive Pronouncing Medical Dictionary. One volume, imperial 8vo, pp. 844; cloth. Philadelphia: J. B. Lippincott & Co. 1886. For sale by John P. Morton & Co.

Selections.

THE TREATMENT OF CHRONIC BRIGHT'S DISEASE.—In an article on this subject in the Boston Medical and Surgical Journal, Dr. I. T. Dana, of Portland, Maine, gives the following specific indications for treatment:

1. One of the most important indications is to avert or reduce hyperemia and inflammation of the kidneys. With this end in view, a uniform and sufficient warmth of the surface of the body should be maintained. In this disease, and also where predisposition to it exists, when the large amount of blood normally present in the cutaneous capillaries is reduced by chilliness of the surface, a corresponding hyperemia of the renal capillaries is very likely to occur. In a case recently under my observation, of the typical parenchymatous nephritis form, the man owned and steadily worked upon a farm, located upon a narrow neck of land projecting out from the Maine coast into the sea, and commonly swept by cold and damp winds, often sudden and severe. Frequently, when covered with profuse perspiration, his skin would become chilled with the winds, and he had himself noticed an apparent connection between these experiences and the development of his trouble. A moderately warm and equable climate is a great advantage. A sufferer from this disease, who is so favorably circumstanced as to be able to avail himself of different climates for different seasons of the year, so that he can have the benefit of free out-of-door life all the year round without risk of becoming chilled, has his chances of prolonged and comparatively comfortable life thereby greatly increased. Woolen undergarments should be worn, thick enough to insure warmth without inducing sweating. A flannel nightgown is advisable in cold weather. In acute exacerbations of the disease, attended with increased heat, the patient should be kept in bed, between blankets, for days or weeks. The importance of maintaining a uniform warmth of skin in this affection does not seem to be fully appreciated by the average practitioner. Local applications to the lumbar regions are useful, such as leeching or cupping, followed by warm fomentations, especially when a sense of heat, and heaviness has arisen, with scanty secretion of urine. I have found advantage in large packs. Several thicknesses of towels may be used, large enough to thoroughly en-

velop the small of the back and come round somewhat freely upon the abdomen. These should be wrung out in tepid water, covered with oiled silk, or impervious paper, and bound firmly on with a flannel swathe. A small blanket, folded once, may then be wrapped and securely pinned around the body below the waist. These, having been worn for the night, are removed in the morning, the skin is sponged with cold water, and rubbed dry, and a flannel swathe is worn for the day. Mild diluent diuretics are sometimes called for.

2. A second indication is to unload the obstructed uriniferous tubules of their accumulations. The thrown off and altered epithelial cells, transuded fibrine, extravasated corpuscles, and fatty debris, sometimes in the form of casts, frequently occlude the tubules and add to the existing disability of the kidneys. Simple diluents and mild diuretics are then needed, such as cream-of-tartar water, and pure natural waters like the Poland spring water. They should be drunk freely, and, by preference, on an empty stomach, so as to be quickly absorbed and pass off through the kidneys.

3. A third indication is to build up the blood and promote nutrition. Whether or not the blood is ever the starting point of the morbid process in the system, it is certainly true that the peculiar anemic look of the patient is often the first thing that arouses in the mind of the physician a suspicion of the true nature of the disease, while, in the advanced stage, the blood is constantly found impoverished and depraved to the last degree, and utterly unfit to maintain healthy nutrition. Of the large class of building-up remedies I will mention, as specially useful, the *mistura ferri et ammonii acetatis*, cod-liver oil, and malt. Judicious and persistent use must be made of this class of remedies.

4. A fourth indication is to improve the condition of the nerve-centers. The importance of this indication is specially plain in the cirrhotic form of the disease occurring in painters and others who have been exposed to poisoning by lead. Here the iodide of potassium, the dose of ten to twenty grains conveniently administered in half a tumblerful of Vichy water, may be given three times a day for long periods of time, with markedly good results. The same method is applicable to cases of syphilitic origin, or occurring in systems specifically infected. In such cases the corrosive chloride of mercury in small doses may be sub-

stituted for the iodide of potassium for the period of a few weeks, from time to time, with advantage. In some of the cirrhotic cases of unknown origin, I have found great benefit from the use of the chloride of gold and sodium, as suggested by Bartholow, in the average dose of the twelfth of a grain, in pill form, after each meal. I have seen periods of marked improvement of general condition and special relief of distressing nervous symptoms follow its use. Arsenic, in small doses, and the hypophosphites are sometimes useful.

5. The fifth indication is to promote the elimination of urea from the blood. In order to appreciate the importance of this indication we have only to remember that uremia constitutes the chief danger of the disease, a fatal apoplectic seizure being occasionally its first revelation; or, to call to mind the fearful sufferings of the paroxysms of uremic dyspnea, uremic headaches, and uremic convulsions. Here we must mainly rely upon vicarious evacuations by the skin and bowels, and I believe that sudorifics are the most valuable class of remedies. Profuse diaphoresis may be induced by hot air and hot vapor-baths, and by the internal administration of various drugs, of which *jaborandi* is by far the most valuable as an eliminator of urea from the blood. But the means, which I have found at once the most efficacious and convenient, is the hypodermic injection of pilocarpine. I have resorted to this method many times with the best results. The dose used is generally a quarter of a grain, the patient being in bed between blankets, and I usually find the entire surface of the body covered with a profuse sweat within the space of five minutes. When the process of diaphoresis is over the skin may be wiped dry and fresh clothes put on. The amount of the secretion is enormous, and the elimination of urea has been shown to be large. Great relief of the uremic symptoms is often obtained by the daily use of this method for a series of weeks. I have seen, in a case still fresh in my mind, headache, dizziness, dyspnea, unrest, marked impairment of vision, and heart irritability so largely and rapidly subside as to raise a doubt in the mind of friends, and even of the attending physician, as to the correctness of a diagnosis, unhappily fully confirmed by the later history of the case, and at last by the autopsy. I recommend the plan to my professional brethren, cautioning them to get an article of good quality.

6. A sixth indication is to evacuate dropsical accumulations. For this purpose mechanical methods are sometimes useful, such as acupuncture of the legs, prepuce, labia, etc., or a short incision over one of the malleoli. Tapping of the abdomen is generally to be avoided in renal dropsy. Erysipelas is specially liable to follow operative methods in this form of dropsy. Hydrogogue cathartics, which are often so well borne and so satisfactory in results in cardiac dropsy, are neither so safe nor so useful in the dropsy of Bright's disease. Sometimes, however, resort must be had to elaterium in suitable doses and combinations. Sometimes, making temporary use of the remaining powers of the kidneys, diuretics may be given, especially the infusion of digitalis with the iodide of potassium, or cream of tartar. But I believe that in this disease, not only for the elimination of urea but also for the evacuation of dropsical accumulations, the hypodermic use of pilocarpine is not only one of the safest, but also one of the most effective measures at our command. It is a good plan to alternate the various methods, laying the burden of vicarious service alternately upon the different organs. The Basham's mixture, above mentioned, besides being useful as a blood restorer, often acts as a gentle tonic-diuretic.

7. A seventh indication is to sustain the heart. It has been shown by Johnson, and others, that in the inflammatory forms of the disease the walls of the small arteries and capillaries are very constantly thickened and their caliber diminished. Indeed, it has even been proposed to call the disease an "arterio-capillary fibrosis." Associated with this vascular affection, if not indeed caused by it, is found hypertrophy of the left ventricle of the heart, which very generally at last undergoes fatty degeneration and dilatation. It is, therefore, a matter of great importance to save the heart, if possible, from all strain. No overexertion of body or mind should be allowed. Excitements of all kinds should be avoided, and tranquility of mind should be promoted. Digitalis and strychnine are perhaps the two drugs most used, from time to time, to strengthen the heart's action.

8. My last indication is to palliate the suffering of this distressing disease. The methods for this are in large measure involved, and have been mentioned under other heads. As much of the distress doubtless arises from uremia, so the most

lasting relief is that which comes from the elimination of the urea. I will mention a few items here. In the fits of dyspnea prompt relief is sometimes obtained from the hypodermic injection of the quarter of a grain of morphia with the hundred and twentieth of a grain of atropine. The nitrite of amyl quickly affords relief in some cases, a few drops being put upon a handkerchief and held to the nose. The same use of morphia and atropine is often useful in convulsions, restlessness, and general nervous disturbance of the advanced stages of the disease. For the headache and dizziness, a scruple of bromide of sodium in a teaspoonful of syrup of lactophosphate of calcium may be given three times a day, and, for the asomnia, thirty grains of bromide of potassium, with seven or eight grains of chloral at bedtime. For the uremic coma, I have found the hypodermic use of pilocarpine by far the most effective remedy.

For diet, as a rule, any articles of plain and simply cooked food may be allowed which the appetite inclines to and the stomach is able easily to dispose of. In some cases advantage is found in a restricted diet of milk, skim-milk, or buttermilk.

THE INFLUENCE ON SECOND LABORS OF THE LENGTH OF INTERVAL SINCE THE FIRST LABOR.—It is well known that a woman pregnant for the second time, when a long interval has passed since her first pregnancy, approaches her labor with greater anxiety, both for herself and her offspring, than the secundigravida whose first labor has occurred within a few years. It is also known that if the first labor has left behind no considerable injuries, the marks of it can sometimes so far disappear and the cervix, after a long interval, so regain its original appearance that it is often scarcely possible to tell, in the absence of a definite history, whether a given patient is a primigravida or whether she has given birth to a child some years previously. These two facts give rise to the conjecture that a second labor after a long interval may differ materially from ordinary second labors, and may perhaps resemble first labors. Since no attempt has hitherto been made to determine whether or not this conjecture is well grounded, Kleinwächter has set himself to find out whether, and in what way, long intervals between the first and second pregnancies exercise an influence on the second

gestation, the second labor, and the second puerperium.

The material on which the author based his observations embraced 397 secundigravidæ, of which number 395 gave birth: of this number, 94 bore their second child after an interval of from six to sixteen years. From the tabulated statistics of these 395 cases, Kleinwächter has made the following interesting deductions:

1. Secundigravidæ, with a long interval (six to sixteen years) since their first pregnancy, suffer during gestation both with accidental complications and with those dependent on the pregnant state much more frequently than those pregnant for a second time after a short interval (one to five years). The reverse appears to be the case with ante-partum hemorrhages.

2. A relative and absolute increase in the amount of liquor amnii is observed after a long interval much more frequently than after a short one: especially is this true after an interval of ten years or more.

3. The duration of second labors in general is in the average about 10.5 hours, and the relative length of the several stages to one another is about the same as with multiparæ generally. But secundiparæ after a long interval have a longer first stage than after a short interval, the other two stages remaining about the same. If, however, the interval is ten years or more, all three stages are considerably lengthened, and the labor lasts about as long as that of primiparæ: in fact the third stage in such cases appears to be even longer than in first labors. In other words, after a long interval the pains are more frequently weak and ineffectual than after a short interval.

4. Operative interference with second labors after a long interval is necessary twice as often as after a short interval, and tears of the perineum occur more frequently. Adherent placenta and post-partum hemorrhage are more frequently observed after a long interval.

5. Affections of the kidneys occur more frequently after long than after short intervals. Especially noticeable is the increased frequency of edema of the lower extremities without albuminuria, particularly after an interval of ten years or more.

6. The likelihood of mastitis diminishes with the length of the interval: so also does the probability that the mother will be able to suckle.

7. The morbidity and mortality per cent of puerperal disease rises considerably with

the increase of interval, and is especially high after an interval of ten years or more. There appears, however, to be no inclination to puerperal mania after a long interval.

8. The longer the interval, the more frequent the premature, spontaneous interruption of the pregnancy, especially when the interval is ten years or more. The probability of twin pregnancy increases with the length of interval, and so does the frequency of the birth of monstrosities.

9. The relative number of girls born of secundiparæ increases progressively with the length of interval; and the longer the interval, the heavier and longer is the infant.

10. With the increase of interval there is a progressively increasing mortality of children—the loss of fetal life embracing not only the still-born, but those who die within the first eight days.

In other words, it may be stated that with an increase of interval between the first and second labors, the second pregnancy will be more frequently attended with sickness and the ailments incidental to that condition, and premature labor will more frequently occur; the labor will be longer; instrumental interference will therefore be more frequently necessary; the perineum will oftener be torn; hemorrhage will more frequently follow, and the puerpera will more frequently sicken and die. Further, the longer the interval, the more frequently will twins be born, the greater will be the fetal weight and length, and the greater will be the number of still-born children and of those who perish within the first eight days. On the other hand, with an increased interval is a decreased frequency of ante-partum hemorrhage and of marked diminution in the amount of liquor amnii, a diminished functional activity of the mammary glands, a diminished tendency to puerperal mania, and finally a decreased number of male offspring.

If these conclusions are compared with a previous article of Kleinwächter's on *The Influence of Age on the Labor of Primiparæ*, it will be seen that, with few exceptions of secondary importance, the secundigravida with an interval of ten years or more finds herself under about the same relatively unfavorable circumstances as the old primiparæ; and the explanation of this fact, according to the author, is to be found in the increased age of the former; that is, that the consequences and influences of the first labor may disappear after a long period of years,

and that the woman who then becomes pregnant for a second time is virtually an old primipara.—*The Boston Medical and Surgical Journal*.

AN OPERATION FOR CYSTOCELE.—Dr. T. A. Reamy, in a paper read before the Cincinnati Obstetrical Society, thus describes his operation for cystocele (Medical and Surgical Reporter):

The patient is placed in the extreme lithotomy position, an assistant holding each lower extremity, and the posterior vaginal wall held back by Sims' speculum. The tissues are caught up by small double-toothed tenaculum forceps, and the cutting is done with long scissors, sharp pointed, curved on the flat, the same as used in perineorrhaphy. A constant stream of water, carbolyzed at 100° F., is allowed to play on the field of denudation. This controls hemorrhage and keeps the field clear. The denudation is modified in direction, width or length, as each case requires. If it is desirable to cut deeply, care must be taken to avoid the lateral branches. There is, however, no danger of this unless you carry the arms some distance out beyond the cervix. He had never encountered the accident, but theoretically the danger does exist. The lines of denudation should be sharply defined, so that when the sutures are tightened they shoulder against each other and union by first intention is secured. Ordinarily no cicatricial tissue is found in the line of union. It is quite true, as Thomas has said, that it is not material what direction the denudation may take, provided you get rid of sufficient redundant tissue, and take up the pouch that is present, for it will contract from all directions. You can readily see that the uterus is one fixed point, the meatus another, and the greatest amount of redundant tissue is situated just forward of the cervix.

If you carry the arms of your denudation on either side of the cervix, the direction of the contraction will be directly in harmony with the original construction of the parts, and the contraction, if you get union, will be in the very direction in which you desire to get support. Further, in this method the tissue can be safely subjected to greater traction than they can bear in any other method of procedure. In the clinical use of the method, you will find that you do not have to denude so large a field in order to get contraction, or rather no one path of denudation is so wide. As

you approach the urethra you can denude very deeply, but it is not necessary to go so deep there, as it is further up toward the bifurcation of the denudation. If, however, you simply take off the mucous membrane, and do not go through the muscular tissue of the vagina into the cellular tissue between the vagina and the bladder, the operation will fail, and because you can denude so deeply with safety by this plan is one of its chief advantages. In two cases in which I desired to cut deep, I have opened the bladder and formed a vesicovaginal fistula; but I closed it up at once with the sutures of the operation for cystocele, and nothing untoward occurred. Denude deeply, for the more deeply, within limits, the more certain you will be to get good results. As already stated, at the upper extremities of the denudation it is better not to go too deep on account of the ureters, but that danger, as already stated, I do not regard as great. The doctor usually places as many as eight sutures to the linear inch of the denudation. The placing of the stitch, which draws the three arms of the Y together, is of importance. Even if the suture should go to the bladder it will do no harm. It is important to get the border surfaces united perfectly by first intention. The doctor uses the so-called silkworm gut, out of which fish-lines are made. It is really made of the intestines of a fish; it is an animal ligature, and you can with ease render it perfectly aseptic. It is strong enough for any purpose of this sort. You can draw on it with almost your entire strength without breaking it. It is prepared for use by cutting the kinked ends off with the scissors, and throwing the rest into a carbolyzed solution (a ten or fifteen per cent solution in warm water), and in a half hour it is ready for use. Tie two or three knots, or it may come undone; but you may cut the ends short or long, as you please. Its advantages are smoothness, strength, and, if rendered aseptic, it is not followed by any more suppuration than a silver wire. It does not become too soft, it is not absorbed too soon, but remains like wire for weeks; cut ends do not jag the tissue.

After the operation the patient must be kept in bed, and a self-retaining catheter kept in the bladder constantly for eight or ten days, until union is complete. This I regard as essential, since the distension of the bladder, though it may not prevent union, will nevertheless prevent the union from occurring in the field of the operation

in the contracted state so favorable to good results. These remarks will seem to be of more importance if my recommendation is recalled to carry the denudation through the vaginal wall, at least near the center.

The doctor has operated after the method proposed in fifty cases, and thinks his experience warrants the claim that it possesses the following advantages:

1. Simplicity.
2. Less width of denudation is required at any given point in order to secure the necessary contraction after closure than in other methods.
3. The deep denudation necessary to cure in all cases can be done by this method with greater safety.
4. Since tension upon any one line of the operation after union is less than after any other methods, and since the deep denudation causes firm union, the good results are likely to be more permanent.
5. After cure the vaginal orifice and entire anterior wall of the vagina will conform more perfectly to the original.

A NEW BACILLUS.—Mr. Frank Cheshire, whose apiarian researches have been of extreme value and interest to both beekeepers and naturalists, describes (in the current number of the Journal of the Royal Microscopical Society) a new bacillus, which he believes to be the cause of the devastating disease known as "foul brood" among bees. This disease has for many years proved a veritable pest, large apiaries having in numerous instances been entirely swept away by it. In America alone the losses have been very great, carrying off hundreds of thousands of bees annually. It was thought that the disease was confined to the larvæ, that the grubs were infected by the antennæ of the nurses, who brought home the germs from a distance with their food; but Mr. Cheshire has discovered that in the imago the disease becomes chronic, and that the blood of the adult insect is also frequently loaded with bacilli. From a large number of observations he finds that the disease in the larva affects the blood, and quickly passes into every viscus. In the adult bee the chyle stomach is affected, notwithstanding the disease is not communicated through the honey, but through the air, the bacilli being largely diffused and taken into the system through the air tubes. Microscopists will have no difficulty in accepting the supposition that these organisms are carried about by every cur-

rent of air, and that bees will breathe them in and convey them from one apiary to another. When it is remembered that a single cubic inch of material would form a quadruple line of bacilli extending from London to New York, there is no difficulty in comprehending the danger of infection in this way. Ordinary dust motes are to such organisms as hens' eggs are to grains of sand. Many of the larvæ have been found to contain at least 1,000,000,000 bacilli, so that the means by which they are disseminated are likely to be very varied. The new bacillus, to which Mr. Cheshire has given the name of *Bacillus alvei*, has been cultivated and carefully studied by Mr. Watson Cheyne, and it appears to him to have specific characters. It multiplies mainly by fission, and has a somewhat conical, stained point at one end, although separated by a marked division. This is not the common mode of growth by fission by these bodies; ordinarily the rod divides into two pretty equal halves; in *bacillus alvei* it does not; the minute prolongation at one end is peculiar and remarkable. Under cultivation it is seen to grow in colonies; these assume a pear-shape, and grow rapidly in cultivating materials—gelatine being the best—kept at the body temperature. A minute drop of juice taken from the body of an infected larva, and examined under a power of 600 diameters, exhibits thousands of bacilli in a state of great activity. Mr. Cheyne believes with Mr. Cheshire: "No doubt can be entertained that this bacillus is new to science, and is the cause of 'foul brood' in the hive-bee." We can only add that the paper is accompanied by two full-page lithographic plates of the bacillus in its various stages of development, and which seem to ourselves to warrant this assertion.—*Medical Press*.

HEREDITY OF PHTHISIS.—Izaak Johannes Hage (Akad. Prof. Schrift., Leyden, Holland, *Schmidt's Jahrbucher*), under the title, *Sets over de Hérediteit der Phthisis*, considers the following questions:

1. What is the connection between the hereditary phthisis and that otherwise acquired?
2. Has the father or the mother the greatest influence in developing hereditary phthisis?
3. Does phthisis descend more from father to son, and mother to daughter, or conversely?
4. At what period of life does hereditary phthisis make its first manifestations?

5. Is the factor of heredity greater or less in the country as compared with the city?

6. Is there a difference in regard to heredity in the sexes in the city or country?

After consulting the literature of all languages, and the reports of public and private institutions and leading authors in a manner too complete to consider here, the writer came to the following conclusions:

1. About three fourths of the patients treated made satisfactory statements concerning their family history.

2. Somewhat less than half of the patients descended from phthisical parents.

3. The influence of the mother in the origin of hereditary phthisis is about four fifths that of the father.

4. Hereditary phthisis descends mostly from father to daughter, but quite as often from father to son as from mother to son, and least of all from mother to daughter.

5. The first manifestations of the disease appear both in cases which are hereditary and in those which are not hereditary twice as often before as after the thirtieth year.

6. With reference to the time of life the endurance of the disease is greatest, there is no difference as to before or after the thirtieth year.

7. Heredity is as great in the country as in the city.

8. With men the heredity is greater in the city than in the country; with women the converse is true.—*Medical and Surgical Reporter*.

SUTURING THE INTESTINES.—Mr. E. Stanmore Bishop, F. R. C. S., of Manchester, contributes an interesting and important paper on Enterorrhaphy to the current number of the Medical Chronicle, in which he describes a new form of intestinal suture designed by himself, and most successfully performed on several animals in which portions of intestine had been experimentally excised. The value of the essay is materially added to by the introduction of a plate containing illustrations of all the sutures hitherto employed by various surgeons in uniting the divided intestine. Mr. Bishop, after securing the loop of intestine by means of a special clamp invented by himself, cuts away the portion to be removed by scissors, along with a triangular piece of mesentery, and the mesenteric arteries are ligatured over a flat sponge. The ends are next thoroughly cleaned and approximated, and the mesentery united by a few catgut sutures. Next a fine needle, threaded exactly

in the center of a piece of fine Chinese silk 160 centimeters long, is passed from right to left through the lower edge of both sides of the intestine, as near as possible to the mesentery. The double thread is then drawn through until 6 cms. remain on the right side. One of the threads of the left side is to be cut 6 cms. long; the needle is then passed from left to right through the same fold at a distance of 20 cms. from the first puncture. Two free ends and a loop remain on the left side, two ends free, and two connected with the needle on the right. By gently drawing upon the loop, one of each of the two last pairs is seen to move; these are then drawn up so as to bury the loop in the mucous membrane on the left side, and are seized and knotted on the right; the two ends are then cut off close to the knot. The free thread left in the first puncture is now drawn under the free extremities of the upper bars of the clamp, so as to be out of the way, and is reserved for the latter part of the operation. The needle is now carried back again from right to left through the base of the fold, and a similar loop is thus formed, this time on the right, and knotted on the left. In this way, as the suture progresses, stitches, consisting each of a single thread tied alternately on the right and left sides, are formed, the threads of each loop passing through the same punctures as those of its neighbors on each side. It is thus impossible that any part of the intestinal circumference shall be unguarded, except the minute openings made by the needle, and filled in by the threads. Extravasation at these points, moreover, will be prevented by swelling of mucous membrane; in addition, the threads are really within the lumen of the intestines, where as well the knots are situated, and thus the objections to previously described sutures are avoided.—*Medical Press*.

HEMORRHAGE FROM THE UMBILICAL CORD. In 1881, September 22d, I was called to attend in her fourth confinement, Mrs. M., who in a few minutes after my arrival (having been in labor about one hour) was delivered of a large, healthy, female child, which was washed and dressed before I left the house. Shortly after reaching home, distance about half a mile, I received a message to return, as the babe's clothing was becoming wet with blood. On reaching the house, I found the babe's clothing in region of cord well saturated with blood, and upon removing them found the hemor-

rhage had ceased, cord well ligated. I made traction on the cord and examined it without finding any evidence as to where the hemorrhage came from. Thinking that the cord might not be thoroughly ligated, I applied another ligature. The nurse proceeded to dress the babe with dry clothing, and I left, but was not in my office half an hour until I received another call, and upon reaching my little patient I found the hemorrhage had been greater than the first, and the child almost lifeless. Again removing every thing, I found the hemorrhage had ceased, and the cord and surrounding parts were clean and dry, the clothing having absorbed the blood; being satisfied that the cord was thoroughly ligated, I again examined along the cord and point of attachment to the abdominal wall, which was very much retracted, with heavy folds of skin around it. I failed to find a point from which the hemorrhage came, and was about to pass the babe to the nurse, when there commenced to ooze up along the cord upon the left side some blood. Without disturbing the parts, I passed my artery forceps down along the cord, took a free grasp of the parts on that side, drew them up enough to get a silk ligature on, after which we had no more hemorrhage, and with good care the babe recovered.—*J. C. Claudy, M. D., in Medical and Surgical Reporter.*

THE SURGERY OF THE KIDNEY.—The surgery of the kidney is rapidly increasing in importance and amount. I find, on referring to my records of the operative cases in which I have assisted Mr. Tait, that there are notes of four cases of nephro-lithotomy, three of nephrectomy, and one of nephrotomy done by Mr. Tait during the last half year. There is not space for me to enter fully into the details of these cases, nor should I, perhaps, be justified in so doing for other reasons, but I may formulate some of the ideas that occur to me as the outcome of what reading and practical experience have fallen to my share.

1. That the surgery of the kidney suffers at present from neglected cases of large, chronic, suppurating, renal tumors, due to renal calculus, the kidney being too large for easy removal, and at the same time too much disorganized for any hope of recovery of function.

2. That these, if large and in debilitated subjects, are probably best treated by free incision and drainage before undertaking the operation of nephrectomy.

3. That nephrectomy in a kidney of moderate size is often a much easier operation than nephro-lithotomy, and that the kidney will come out from beneath its capsule when it is difficult to remove it with its capsule.

4. That nepro-lithotomy ought to be advised as soon as a tumor can be detected in the lumbar region, which, co-existing with urinary signs, symptoms, and history, renders the diagnosis possible, and in the majority of cases the diagnosis is not difficult.

5. That if this were done, as it will be, the calculus or calculi would probably be much more easily removed than is now generally the case, and nephro-lithotomy would become a remarkably satisfactory and safe operation, preserving both kidneys to the patient in a sound condition.—*John W. Taylor, F. R. C. S., in Birmingham Medical Review.*

A LIGHT-MINDED lay contemporary suggests as a suitable locality for hay-fever patients Mount Catarrhdin.—*Boston Medical and Surgical Journal.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from September 20, 1885, to September 26, 1885:

PROMOTIONS.—*Lt.-Col. T. A. McParlin*, Assistant Medical Purveyor, to be Surgeon with the rank of Colonel, to date from September 16, 1885. *Maj. B. J. D. Irwin*, Surgeon, to be Assistant Medical Purveyor with rank of Lieutenant-Colonel, to date from September 16, 1885. *Capt. B. F. Pope*, Assistant Surgeon, to Surgeon with rank of Major, to date from September 16, 1885.

APPOINTMENT.—*Edward R. Morris*, to be Assistant Surgeon with rank of First Lieutenant, to date from September 17, 1885.

Capt. F. C. Ainsworth, Assistant Surgeon, from Department Texas to New York City, for duty as recorder of the Army Medical Examining Board. (S. O. 214, A. G. O., September 18, 1885.) *Capt. G. W. Adair*, Assistant Surgeon, granted leave of absence for one month with permission to apply for one month's extension. (S. O. 104, Dept. Dak., September 18, 1885.) *Capt. William C. Shannon*, Assistant Surgeon, granted leave of absence for four months, to take effect about October 1, 1885. (S. O. 215, A. G. O., September 19, 1885.) *First Lt. Geo. E. Bushnell*, Assistant Surgeon, ordered from Department Dakota to Department East. (S. O. 219, A. G. O., September 24, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended September 26, 1885.

Austin, H. W., Surgeon, to proceed to Burlington, Vermont, on special duty. September 23, 1885.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, OCTOBER 10, 1885.

Original.

THE TREATMENT OF ANEURISM OF THE
THORACIC AORTA BY POTAS-
SIUM IODIDE.*

BY E. R. PALMER, M. D.

Professor of Physiology and Physical Diagnosis, University of Louisville.

It is not my purpose to-night to offer any thing new, nor to read an essay that shall any thing like cover the large field of medical and surgical science embodied in the subject of aortic aneurism. Those who were present at the last meeting will remember that in an oral report of two cases now under treatment, I spoke of some points in diagnosis, in treatment, and in the progress of this disease, and that a part of my statements, especially those referring to the use of the potassium iodide as a remedial agent, and the immediate results of external rupture, were not wholly agreed to by some of the members present. I propose, therefore, to-night to confine myself, after a few words upon the pulse in diagnosis, to these two questions. In connection with what I have to say upon these topics, it is my pleasure to introduce to you the two gentlemen at my side, Mr. B. and Mr. W., each of whom is now under my care, Mr. B. vastly improved by rest and the iodide; so much so that he has resumed his business and discontinued treatment; Mr. W. better, but owing probably to continued hard physical labor, still far short of what I believe can be accomplished in his case by the combined treatment of rest and the medicine; and I may say, in passing, that his employers have promised to aid us by materially lightening his labors in the future. I am sure each of the members will unite with me in thanking the gentlemen for their presence here to-night.

*Read before the Louisville Medical Society, September 10, 1885.

Flint, sr., in his Manual of Auscultation and Percussion, mentions, among the many and grave symptoms that arise from thoracic aneurism, "inequality of the radial, carotid, and subclavian pulsation on the two sides, or the absence of pulsation on one side and contraction of one of the pupils." It was this group of symptoms that first led me to the diagnosis of aortic aneurism in the case of Mr. B., that is, before the marked development of the pulsating tumor in the course of the ascending aorta. That author also called attention to the same peculiarity of pulse so long ago as 1859, in his well-known work upon diseases of the heart. In his recent work upon clinical medicine he says: "The tumor, situated near the origin of the arteria innominata, on the one hand, and the left carotid or subclavian artery, on the other hand, may press upon these arteries, producing complete or partial obstruction. The effect of obstruction of the innominate artery is weakness or suppression of the radial and carotid pulse on the right side, and, on the left side, weakness or suppression of one or both of the corresponding arteries. Inequality of the pulse on the two sides, or its absence on one side, if not due to a congenital anomaly, is suggestive of aneurism in a patient in middle life."

While I am well aware that this has been somewhat generally held as a characteristic symptom of thoracic aneurism, I am led to refer to it specially because of the fact that a good many authorities fail to make any mention of it.

In the matter of prognosis, I stated that sudden death at the primary rupture of the sac was by no means the rule, but that a gradual seepage of blood may take place for some time, and the orifice even undergo a plugging up by coagulum—thus prolonging life. This, you will find, is in accordance with the views of the various authorities. Pulmonary, gastric, and intestinal hemorrhage is not infrequently simulated

in repeated recurrences by a leaking aneurism of the aorta.

In this connection Niemeier says: "When, after coming to the surface in the form of a tumor, it breaks externally, the integument gradually grows thinner, turns dark blue, then black, and at last sloughs. After a time the eschar separates. The blood, however, does not always escape in a stream. Sometimes it is restrained by the coagula, so that there is only a gradual trickling flow; and it may even be possible to staunch the first hemorrhages by means of the tampon, so that death may not occur until after repeated outbursts of blood." So also Bruen, "The stratified layers of the aneurism may be perforated by a very minute stream of blood, and several hemorrhages may occur, preceding the final issue by a very variable space of time."

Prof. Marvin has, since our last meeting, reported a case occurring in his hospital practice in which is the following statement: "Ten days before death the little pimples ruptured, and a little sanious fluid oozed out, which continued until his death. Through the opening caused by the rupture of the pimples the brownish, leathery-looking clot deposited around the walls of the sac could be seen."

Finally, not to occupy too much time with these points, I pass to the iodide treatment, or as my facetious colleague who can not see how potassium iodide can "build up the weakened vessels" calls it, the "classical" treatment. No one has ever yet, so far as I am aware, attempted, certainly no one has ever encompassed the restoration of normal form and tone to the diseased and distended vessel. By quotation from several authorities, I believe I can best give the rationale and status of this certainly wise and successful mode of treatment.

Constantine Paul states, in his work on Diseases of the Heart (Wood's Library for 1884), that the iodide was first given for this disease by Dr. Chukerbutty, of Calcutta, in 1862, in small doses—that so great was the relief that it was thought his cases must have been of syphilitic origin, but that this was disproved—that Dreschfield gave as high as six grams a day. He concludes the subject with this sentence: "In fact, iodide of potassium is the best remedy that can be administered in aortic aneurism."

Burtholow, in his Therapeutics, in speaking of this remedy, says: "Large doses (grs. xv-3ss) three or four times a day often afford remarkable relief in aneurism, and

sometimes effect a cure. The author has seen several instances in which great relief was experienced, and one case certainly in which a cure apparently resulted."

Fothergill, in his Hand-book of Treatment, says of aneurism: "The other part of treatment is directly curative—to procure layers of fibrine within the sac until it is filled and the aneurism is cured. For the attainment of this end it has been found useful to administer iodide of potassium."

Flint, in his Clinical Medicine, under heading of treatment of thoracic and abdominal aneurism, says: "Of remedies which in some special way contribute to the object of treatment there is, at the present time, one, the value of which is amply attested by clinical experience. This is the iodide of potassium."

Hartshorne says: "The medicine most in favor for aneurism of the aorta with leading practitioners is iodide of potassium. Excellent effects are ascribed to it in a number of reported cases."

Roberts, in his Practice of Medicine, says: "The use of iodide of potassium has been particularly advocated by Dr. William Roberts, of Manchester, and Dr. George Balfour, of Edinburgh, when given in large doses, even as much as fifteen to thirty grains thrice daily, and continued for a long period. I have found this drug of decided value in some cases."

Bramwell, in his Diseases of the Heart, on this subject says: "Iodide of potassium is by far the most valuable remedy. . . . Dr. George Balfour, who has done so much to establish the iodide plan of treatment in this country, thinks that the large doses which he formerly recommended are unnecessary; he now gives smaller doses."

Bristowe mentions it among the remedies that have been employed with reputed success. In short, of all authorities examined, but one speaks adversely of the treatment, namely, Holmes, in Quain's Dictionary, and but one, Wood's Practice, is conspicuous for making no mention of it whatever.

Referring to the pulse sign, you will observe in the case of Mr. B., whose aneurism is of the ascending aorta, that the feebler pulse, contrary to the rule in such cases, is the left. The anomaly has been observed in a few other cases, and is spoken of by Paul as follows: "The pulse on the side of the aneurism is commonly smaller than that on the opposite side, but sometimes the reverse holds true. F. Franck observed the latter condition in two patients, and he

explains the increased amplitude of the radial pulse on the affected side by the vasomotor paralysis of the vessels of this limb. Marey, on the other hand, thinks that it is due to the wave furnished by the aneurism at the moment of reflux, a dicrotic wave, which may be larger than that observed in the normal condition." The former view, that of vasomotor paralysis seems most satisfactory to me.

I wish also to call your attention to the lowness of the tumor (the sixth costo-sternal articulation, right side) in the case of Mr. W. This I believe to be due to gravitation, large aortic aneurisms often sinking until they reach the upper surface of the diaphragm. You will notice also that in this case there is no pulse disparity, which leads me to believe that the point of distension is situated below the origin of the innominate, quite close to the heart.

Miscellany.

A NEW EMERGENCY HOSPITAL IN NEW YORK.—The New York correspondent of the Medical Review says that another new hospital is about to open its doors—the "Gouverneur" Hospital, opposite the foot of the street of that name, and down town very near the East river. It is a city institution, under the control of the Commissioners of Charities and Correction. It is to have an ambulance service, covering the district of the four surrounding police precincts, and will act as a feeder to Bellevue Hospital, just as Chambers Street does to New York. The pressure upon Chambers Street Hospital will be somewhat relieved by the new building, as an equitable allotment of precincts has been made to both by the Police Commissioners. That such relief was needed is evidenced by the fact that the latter institution has often had twenty-five ambulance calls daily during the heated term, and as many of these were for cases of sun-stroke, the facilities of the hospital were taxed to their utmost.

The new institution is in fact the old Gouverneur market building remodeled and refitted for its new uses. Its name is that of an old family of high repute in the early annals of New York. It is three stories in height; the first floor is devoted to an accident ward, rooms for ambulance drivers, etc., while above are two small wards on each floor, giving a bed capacity of about

twenty-five. This, while small, is sufficient for the purposes of a reception hospital. It will probably be conducted on the plan of the Chambers Street Hospital. This branch of the old New York Hospital, or "House of Relief," as it is officially called, has had a remarkable history. From a small beginning its service has vastly increased until now there is probably no other place in the United States where such opportunities are offered for the study of surgical cases, which alone are treated there. Over two hundred cases are treated daily in the dispensary.

WHAT A MEDICAL MAN SHOULD BE.—The Medical Press in its student's number gives the following as what the requirements of a medical man should be: He must now be possessed of an amount of intelligence which shall enable him to grapple with, and conquer difficulties which necessarily beset him while a student, and to the overcoming of which he is required to bring abilities of no mean order. It is the absence of any appropriate test by which to gauge the possession of capacity of this kind prior to his entry on his course of study that, in our opinion, constitutes the principal reason why so large a number of young men commence their career each year as students without the least prospect of ever completing it by becoming possessed of a qualification to practice. The successful student must be endowed with an intelligent capacity that will enable him to grasp the principles that lie at the root of his studies, and to apply them when called upon to make experience with disease; and such capacity is incapable of being tested by means of a preliminary examination in arts alone, such as now forms the sole standard of fitness to which intending students are invited. Moreover, he should be physically strong enough to support the fatigue and strain that all but the most favored practitioners are, for a time at least, compelled to undergo; and to this must be added that personal deportment for lack of which many otherwise excellently qualified men entirely fail to win the more solid rewards of professional work.

THE CANADA MEDICAL ASSOCIATION met in Chatham, Ontario, September 2d. The officers elected for the ensuing year are: President, Dr. Holmes, Chatham; General Secretary, Dr. Stewart, Montreal; Treasurer, Dr. Sheard, Toronto; Vice-Presidents,

for Ontario, Dr. Sloan, of Blyth; Quebec, Dr. C. Sewell, Quebec; New Brunswick, Dr. Earle, St. John; Nova Scotia, Dr. Wickwire, Halifax; Manitoba, Dr. Brett, Winnipeg; Local Secretaries, Ontario, Dr. Wisheart, London; Quebec, Dr. Bell, Montreal; New Brunswick, Dr. Lunan, Campbellton; Nova Scotia, Dr. Almon, jr., Halifax; Manitoba, Dr. Good, Winnipeg.

Quebec was recommended as the next place of meeting.

THE EXECUTIVE COMMITTEE OF THE INTERNATIONAL CONGRESS.—The Journal of the American Medical Association, October 3d, announces that the Executive Committee of the Ninth International Medical Congress, which is composed of the general officers of the preliminary organization, together with the presidents of the various sections, met in New York City, September 24th, and adopted the following resolution:

Resolved, That this Executive Committee enters upon the management of the affairs of the Ninth International Medical Congress, with the understanding that, in accordance with Rule No. 10, its powers are not restricted except by the rules and regulations adopted September 3, 1885, by the Committee of Arrangements, appointed by the American Medical Association in April, 1885, and that the actions of this Executive Committee are final, not being subject to revision, amendment, or alteration by either the Committee of Arrangements or the American Medical Association.

"The proceedings of the committee were characterized by entire harmony and a commendable zeal in pushing forward the proper preparations for the Congress."

MORE RESIGNATIONS FROM THE INTERNATIONAL CONGRESS.—Dr. Robert Battey, of Rome, Ga., has resigned the presidency of the Section on Gynecology.—*Atlanta Medical and Surgical Journal*.

Dr. E. H. Hazen, of Davenport, Ia., has declined the councillorship of the Section on Otology; Dr. J. R. Weist, of Richmond, Ind., the councillorship of the Section on Surgery.

DR. GEO. M. STERNBERG has been ordered by the State Department to return to Rome as the delegate from this country to the International Sanitary Conference, which reconvenes in November.

THE future of the International Congress excites little or no interest, and those who discuss the matter at all, uniformly express hope that the nation may be spared the dis-

grace of a slipshod meeting, where junketing shall be made to fill up the gaps caused by the withdrawal of the valuable scientific work which, under the original organization, was to have been contributed by the best men from all parts of the country. *New York Corr. Philadelphia Med. News*.

AN ointment consisting of one part of the extract of nux vomica to ten parts of lard is used in the treatment of functional retention of urine. A piece the size of the thumb-nail is to be rubbed on the hypogastrium once or twice a day.

Gulezowski recommends an ointment as follows in the treatment of ulcers of the cornea:

R Iodoformi pulv., gr. xv-xx;
Vaselini puri., ℥ijss.
M. carefully. Sig. Apply.

COCAINE IN VENEREAL AND SYPHILITIC DISORDERS.—The experience of Bono with cocaine in affections of the genital system (as published by the *Gazz. delle Cliniche*, ii., 1885) can be conveniently epitomized as follows:

1. An injection of a few drops of a two-per-cent solution of cocaine removes promptly the pains felt in acute gonorrhea during micturition and erection. The injection has to remain in the urethra for at least five minutes, and to be repeated four to five times daily.

2. This cocaine-injection is unrivaled in rendering caustic injections or the introduction of the catheter painless.

3. The burning pains of blennorrhea in women yield invariably to small cotton tampons saturated with a two-per-cent solution of cocaine, or to the application of a five-per-cent solution of cocaine, or to the application of a five-per-cent cocaine ointment.

4. Cocaine facilitates the examination of urethra and bladder with the bougie and the endoscope.

5. It allows of a painless cauterization in balano-prostatitis.

6. Pointed condylomatae can be painlessly cauterized, excised, or scraped out with its aid.

7. In cauterization and excision of primary syphilitic affections, cocaine evinced every desirable analgesic virtue of a sufficiently long duration.

8. Taken internally during an anti-syphilitic treatment, cocaine did not present any appreciable effects.

9. Its local effects are highly beneficent in syphilitic tonsillitis and in stomatitis mercurialis, and difficulties of deglutition.

Bono refers also to its analgesic properties in acute painful eczema, pruritus vulvæ, sore nipples, and burns.

As Bono's observations were confirmed by Blumenfeld, Fränkel, Pick, and Neisser, they are entitled to attention and confidence.—*Therapeutic Gazette*.

ACTION OF CHINOLINE TARTRATE.—At the close of an article on the subject, Dr. Conrad Behrens draws the following conclusions:

1. Chinoline tartrate is a powerful agent, producing death by asphyxia.

2. The drug increases the force and frequency of the respirations by stimulating the vagus roots in the lung.

3. It paralyzes respiration finally by a secondary depressant action upon the respiratory center.

4. It does not cause convulsions.

5. It lessens and finally abolishes reflex action by a direct action upon the cord, and by a slight action on the muscles and nerves.

6. It diminishes or abolishes muscular contractility respectively when applied through the circulation or directly.

7. It coagulates myosin and albumen.

8. It causes insalivation by paralysis of the secretory fibers of the chorda tympani; increases the flow of bile; has no action upon the spleen.

9. It lowers blood-pressure by paralyzing the vasomotor centers and by a direct depressant action upon the heart-muscle.

10. It diminishes the pulse-rate by direct action upon the heart.

11. It lowers the temperature by increasing the loss of heat.

12. It is a powerful antiseptic; and, finally,

13. Its paths of elimination are not known.—*Ibid*.

CHICAGO PHYSICIANS AND THE CONGRESS. The International Congress, from the standpoint of the profession here, has a gloomy outlook. We can not see how, from the present situation, the gathering can be in any sense international. There may be a large meeting; but if only American doctors attend, and if, as the prospect is certain, many of the most distinguished members of our profession are absent, what is the use of a congress at all? Drs. Lyman, Hyde, Jackson, Parkes, and Senn have

publicly announced that under the present organization they *could not* serve in the positions to which they have been appointed. Not only have a large number of the strongest men in the country declined to participate, but so large a class, that the idea is growing among the profession here that the congress will not be worth attending, that it is a foredoomed failure as an international gathering. This feeling is heightened by the indications from abroad of a growing sentiment of dissatisfaction with our ways of doing which is entertained by the profession of Europe, and which promises to reduce to zero the small delegation of eminent visitors we had any reason to expect under the most favorable auspices.—*Chicago Correspondent of Boston Medical and Surgical Journal*.

CODEIA IN OPIUM HABIT.—Codeia is now extensively used in the treatment of the opium habit. Two grains should be given three times a day, and increased until the effect desired is produced. It does not block up the secretion, has no evil effect on the stomach, and can be easily stopped. If constipation does follow, an aloin pill may be used.

THE President has appointed Dr. E. O. Shakespeare, of Philadelphia, as a commissioner to visit the cholera districts of Europe and study the cause of this disease and the methods for its suppression or control.

THE story comes from the West of a man so tenacious of lucre, that when he swallowed a five-dollar gold piece the stomach pump could only bring up \$4.50.—*Boston Med. and Surg. Journal*.

PROF. BARTHOLOW says the most effective treatment of cholera is by chloral. The effectiveness of this remedy is increased by combination with morphine.

THE President has declined to accept the resignation of Dr. J. B. Hamilton as Surgeon-General of the Marine Hospital Service.

A CHICAGO physician, in signing a death certificate, inadvertently wrote his name in the space left for "Cause of death."

IT is stated that santonine acts on the liver, increasing the flow of bile, with no alteration in its composition.

The Louisville Medical News.

Vol. XX. SATURDAY, OCTOBER 10, 1885. No. 15.

H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

COLLABORATORS:

E. R. PALMER, M. D. J. A. OCTERLONY, A. M., M. D.
WM. BAILEY, A. M., M. D.

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THE CONGRESS.

DISINTEGRATION.—At this writing it is one month and three days since the famous committee on the reconstruction of the Ninth International Medical Congress met in New York and proceeded to knit up the raveled fabric of its first scheme of reorganization, which went rapidly into rags and tatters so soon as the Chicago job of patch-work came under the touch of critical fingers. It is but thirty-three days, be it repeated, and sixteen of the new appointees or old retainers have declined to wear the honors thrust or left upon them by the new committee. This must be regarded as something more than physiological disintegration (the resignation of Professor John C. Dalton being left out of the count), if it be not, indeed, pathognomonic of rapid decline. For if this solution of continuity and loss of substance be suffered to go on, and if it should keep the present pace for seven months to come, the committee will lay before the parties to the next great consultation at St. Louis a corpus too marasmic for resuscitation, if it be not already defunct and decomposed beyond the possibilities of a profitable *post-mortem*.

CONSTRUCTIVE THERAPY.—It being the opinion of the majority of those who discuss the Congress question that the Congress can not be creditably held under the present scheme of organization, numerous remedies are proposed for the sorry state of discord, alienation, and bad feeling now existing among those who alone can make the proposed meeting a happy success.

As a sample of these remedies we quote, from the Philadelphia Medical News of September 26th, the following preamble and resolutions lately passed by the Chester County (Pa.) Medical Society:

WHEREAS, The members of this Society feel a lively interest in the prosperity of the American Medical Association and in the highest success of the Ninth International Medical Congress, and believe that when a mistake has been made it is better to correct it than to ignore it through a false pride of consistency; therefore,

Resolved, That it is the judgment of this Society that, while the American Medical Association has a perfect right to enforce its code of ethics upon all associations subordinate to it, it has no such right as regards the International Medical Congress, a body with which it has no fixed connection and which does not undertake to regulate matters of professional ethics. That the attempt to organize the Congress solely from its own membership and that of subordinate associations was most unwise and inhospitable, and calculated to lessen the influence and usefulness of the American Medical Association.

Resolved, That we hereby instruct our delegates to the next annual meeting of the American Medical Association to use all honorable endeavors to secure that the false step taken at New Orleans shall be retracted, and that those who led the Association into the present folly shall not be intrusted with the arrangements for the International Medical Congress.

The measure here proposed is probably the only one which holds out any hope of a Congress, but its successful exhibition is a matter of serious doubt. It would not take a prophet to divine that the next meeting of the American Medical Association will be more devoted to medical politics than to science, and it is not improbable that a vigorous attempt will be made to reinstate the original committee with the hope that it

may be able to bring order out of chaos; but they who go up to the May meeting with such hopes and intentions will find the enemy in possession of the supplies, strongly intrenched, and bent on fighting even to the last ditch.

If the point desired could by any means be gained, it is questionable whether it were wise to carry it; for in that event preparations for the successful working of the Congress would have to be made with too much haste for a creditable result. The present managers should, therefore, be suffered to carry out their scheme of organization without obstruction, being accorded credit or blame as the wisdom or folly of their doings shall be demonstrated, and if, as is probable, the Congress shall be ordered to meet in some other land, the profession of America can renew the invitation and spend the three succeeding years of grace in disciplining its temper, adjusting its ethics, and so harnessing its National Association that it will never again be able, in exigencies which involve the credit of American medicine abroad, to run counter to the admonitions of its wisest counsellors.

MATERIA MEDICA COLLECTION FOR STUDENTS OF PHARMACY AND MEDICINE.

Messrs. Parke, Davis & Co. (Detroit, Mich.) propose to furnish physicians and students in medicine and pharmacy an elegant, efficient, and most valuable aid to the practical study of vegetable materia medica. It consists of a collection of all crude drugs of vegetable origin recognized in the United States Pharmacopeia, and many not so recognized that are in common use. The specimens number two hundred and eighty-eight in all, and are contained in a substantial black-walnut case, which is twenty-three inches long, sixteen inches wide, and thirteen and one half inches in depth. Each specimen is put up in a little box, with a label bearing simply a number, an index or

key accompanying the case. The index being alphabetically arranged enables the student to find any required specimen without difficulty, while the absence of names on the labels permits him to give himself abundant practice in the identification of drugs.

Skill in pharmacognosy is an accomplishment which sits gracefully upon any practitioner of the healing art; but to those whose situation compels them to be their own pharmacists, this drug ken is indispensable and must be acquired by methods usually difficult and slow.

By means of the device under notice, this study becomes endowed with new charms for the student, while its pursuit is made rapid and easy.

The manufacturers offer this splendid collection at the very moderate sum of ten dollars; but to be able to put it forth without pecuniary loss, they must be secured in the sale of fifty sets. No doubt the guaranty will be made good at any early day, and the collection thereby placed permanently among the helps to the study of medicine and pharmacy.

Bibliography.

A System of Practical Medicine. By American authors. Edited by William Pepper, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and Clinical Medicine in the University of Pennsylvania; assisted by Louis Starr, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Vol. III. Diseases of the Respiratory, Circulatory, and Hematopoietic Systems. 8vo (imperial), pp. 1032; leather. Philadelphia: Lea Brothers & Co. 1885.

The Southeastern Missouri Medical Association will hold its ninth semi-annual meeting at Potosi, Mo., November, 3d, 4th, and 5th, 1885. The President is Dr. W. F. Grinstead; the Corresponding Secretary, Dr. A. W. Chapman.

Correspondence.

NOTICE TO OOULISTS AND PUBLISHERS ON OOULISTIO MATTERS.

Having taken charge of reporting for the *Revue Générale d'Ophthalmologie*, edited by Dr. E. Meyer, of Paris, and Dr. Dor, of Lyon, on the progress of Ophthalmology in our country. I beg leave to request all authors and publishers of ophthalmic works and papers to send me copies or reprints of their respective publications, in order to enable me to give the most complete review of the current ophthalmic literature of our country in a journal of the largest circulation among our profession. (Medical papers please copy.)

DR. M. LANDESBURG,
40 West Thirty-fourth Street, New York.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Dr. Quinlan's (Dublin) paper upon the properties of the mullein plant, especially as a remedy for phthisic, has attracted considerable attention. Dr. Quinlan, from experiments in a large number of cases of pulmonary consumption treated with mullein alone, comes to the following conclusions: First, in the earlier and pretubercular stage of pulmonary consumption mullein has a weight-increasing and curative power greater than that of cod-liver oil, and equal to that of Russian koumiss. Secondly, in cases where tubercles are well established or cavities exist, the mullein has great power in relieving cough, a great boon to consumptives, whose weak stomachs too frequently can not tolerate the usual cough remedies. Third, phthisical diarrhea is completely obviated by mullein. Fourth, mullein has no power over the night sweats of consumption, which should be treated with atropia sulphate. The method of using the drug, which was first adopted by the Irish peasantry, and was followed by Dr. Quinlan, is as follows: Three ounces of the fresh green leaves, or about ten times that much of the dried, are boiled in a pint of fresh cows' milk. After boiling a few minutes the infusion is allowed to stand for ten minutes, when it is strained, sweetened, and drunk while warm. This quantity is to be taken twice or three times a day. It is not at all unpleasant, but is relished by the pa-

tient more as an article of diet rather than as a medicine. The leaves are also recommended to be used in fumigation or for inhalation. It is most beneficial to the respiratory organs, allaying the irritation of spasmodic cough.

It is a pity that Dr. Robson Roose's article, "Health Resorts and their Uses," which has just appeared, was not published two or three months earlier, as it might have been the means of saving very many people a vast amount of useless traveling and a great deal of money. He clearly shows that in the majority of cases invalids can obtain all the advantages that are supposed to be derived from foreign waters, baths, etc., without going through the fatigue and expense of taking long journeys; in fact, he contends that "our country contains many places of this character, which are in no respect second to those to be found abroad." The Doctor does not seem to be a very great believer in "baths," but he thinks that it is at least probable that foreigners in general are more often benefited by them than Englishmen, "to whom daily ablution is not such a novelty as it must be as a general rule to dwellers on the continent."

A good story is going the rounds of the continent. At Karlsbad Prince Bismarck, not feeling well, sent for his favorite doctor, Dr. Schweininger, who began to put all sorts of questions to him. At last the Prince lost his temper and exclaimed, "What on earth are you driving at, Doctor?" Nothing disconcerted the latter replied, "I am at your orders, Prince, but if you wish to be treated without being questioned you had better send for the veterinary surgeon, who is accustomed to physic in that way."

In a few weeks' time the British public will read with pride and satisfaction that the lives of the English scientific mission, which has been located at Aranjuez, a town that has suffered most severely from the cholera outbreak in Spain, have not been exposed in vain, and that a distinct step forward has been made in the knowledge of the special micro-organism associated with cholera. The commission consists of Professor Roy, of Cambridge, and his colleagues, Dr. Graham Brown and Dr. Sherrington. In spite of the danger and confusion existing upon their arrival they calmly established a laboratory, unpacked their microscopes, and systematically prepared culture broths. In all, these gentlemen have

made twenty-four post-mortem examinations of cholera cases, and have also secured many specimens of micro-organisms from living patients. This is one of the greatest number of post-mortem examinations that has ever been performed in the study of cholera. The researches so gallantly undertaken are likely to prove of considerable use to the cause of science. As a specimen of the sanitary state of the town the commission found that at the infantry barracks the latrines were at the back of the kitchens, and all round the kitchen there was a sewer or drain, which had broken down in several places. Huge holes disclosed the sewage below and emitted poisonous gases, which were at once drawn into the kitchen by the heat of the fire. The floors of the dormitories were black, and with a knife layers of dirt could be carved off before the boards were reached. Upon inquiring what precautions were taken to protect the soldiers, it was found that instead of extra cleanliness all baths were stopped during the epidemic. The only excuse given for this extraordinary measure was that the water might be contaminated; but as the soldiers were allowed to wash their faces and hands, and even their feet, it was strange that the men might not wash the entire body.

According to the latest advices from India, Lady Dufferin's fund for providing medical aid for native women is making rapid progress. In the Central Provinces a prospectus has been circulated in the vernacular, and meetings have been held at various places. Classes for the teaching of midwifery have been started at Jubbulpore, and a native gentleman has offered to defray the cost of similar classes at Nagpore. The native princes have shown much interest in the movement and a desire to co-operate liberally. The Maharajah of Ulwar is not only selecting students to be sent to the female training schools, but also proposes to open a dispensary under a native lady doctor, solely for the use of women.

The prizes have just been distributed in the movable hut-hospital competition at the Antwerp exhibition. The first prize was allotted to a hut-hospital of Danish construction. The Rev. Mr. Berthon, of Romsey, England, and Deputy Surgeon-General Innes, of the Army Medical Staff, were the only English competitors who obtained medals out of the sixty various exhibitors.

A new system of sewage-precipitation has recently been tried with success. The

precipitating material is an intimate mixture of clay and coke-dust, raised to a high temperature in retorts, and subsequently treated with crude sulphuric acid. The resulting black powder is thoroughly stirred up with water and delivered into the sewage in a graduated stream; powdered chalk may be added to get rid of coloring matters. The sludge which settles can be baked and used over again.

LONDON, September, 1885.

Obituary.

A NESTOR IN MEDICINE DEAD.

A special dispatch from Lancaster to the Lima (Pa.) Times, October 1, 1885, announces the death of one of the oldest and best known physicians in America.

Dr. John L. Atlee, the oldest practicing physician in the State, died at his residence in this city this afternoon, in the eighty-sixth year of his age. He had always enjoyed perfect health until a few years ago, when he suffered from a stroke of paralysis from which he never fully recovered. He continued his practice until last week and was taken with pleurisy on Sunday.

Dr. Atlee was a son of Colonel William Pitt Atlee, a Revolutionary officer, and was born in Lancaster. He received his preliminary education in this city and afterward attended school in Philadelphia. He studied medicine with Dr. Samuel Humes and graduated from the University of Pennsylvania in 1820. He began his practice here in that year and it has extended over sixty-five years. He was a very successful surgeon and his reputation in that line was extensive. He was one of the founders of the Lancaster County Medical Society, of which he was president. He was also president of the State Medical Society, which he assisted in organizing in 1857. He was one of the organizers of the American Medical Association and was elected president in 1882. He was professor of anatomy and physiology of Franklin and Marshall College up to 1869, and was a trustee of that institution, which in 1878 conferred the degree of L.L. D. upon him. For forty years he was an active member of the Lancaster School Board. He served as president of the Board of Trustees of the Children's Home, this city, and the State Lunatic Asylum, at Harrisburg. He was an associate member of the College of Physicians, in Philadelphia, and in 1877, at Boston, was elected an honorary fellow of the American Gynecological Society. He was frequently called upon to take long journeys to perform surgical operations.

Dr. Atlee leaves three children, Dr. Walter Franklin Atlee, of Philadelphia; Ex-Mayor William A. Atlee, a prominent member of the Lancaster bar, and Miss Annie F. Atlee, who has always lived with her father. His second son, Dr. John L. Atlee, died two months ago.

Pharmaceutical.

ATTENTION is called to the advertisement of PEPTONIZED BEEF in this issue. This extractive of digested beef was devised by Prof. Preston B. Rose, formerly of the Michigan State University. Its preparation is based upon scientific principles, and its manufacture has recently been attempted upon an extensive scale. The general agents of this preparation, Messrs. Chapman, Green & Co., of Chicago, will be pleased to forward samples as per their advertisement.

THE USES OF COCAINE.—Decidedly there is a future for cocaine. It is destined to have a permanent place in medicine, surgery, and dentistry. The scope of its uses is not yet defined, but it is safe to say that its applications are widening as experiments with it are extended. We have been especially impressed with this fact in looking over the literature of the subject recently issued by the house of Parke, Davis & Co., Detroit. They have published several most interesting pamphlets. One is entitled "Cocaine in Dental Surgery," another is a working bulletin on the drug containing a variety of original material, and a third, a well-composed collation of what has been reported about it in home and foreign medical literature. These pamphlets will be sent without charge by the house to any one who sends a written request for them, and they are worth reading by all.

The same firm has devised a very handy and ingenious "cocaine case," which they sell at a moderate price, and which impresses us as the best of the kind we have seen.—*Philadelphia Medical and Surgical Reporter*.

Selections.

RADIAL PULSE IN DIAGNOSIS OF ANEURISM OF THE ARCH OF THE AORTA.—At a meeting of the Paris Hospital Medical Society (*Gaz. Heb.*), M. Rendu described an aneurism involving the whole aorta from its origin to the first portion of its descending limb, which presented an unusual history. The patient, male, aged sixty years, entered the hospital with double pneumonia, pleurisy on left side with small effusion and a pericarditis, all resulting from taking cold.

There was also observed total absence of pulsation in the left carotid and territory of the left subclavian arteries. It was thought that the openings of the two arteries at their point of origin had become obliterated by an atheromatous plaque. Aneurism of the aorta was not suspected from absence of all prominence, of disturbance of pupil and larynx, and of all auscultatory signs; the heart beats were muffled only. At the post-mortem an enormous dilatation of the aorta was discovered, which was subdivided into two cavities by a sort of transverse band. The first, containing the brachiocephalic opening, was free from all fibrinous clot; the second, with the left carotid and subclavian, was almost entirely obliterated by stratified layers of fibrin, the embouchure of those vessels being closed thereby. M. Rendu thought that absence of the radial and carotid pulse together, with increased pericardiac dullness, and an absence of cardiac and aortic murmurs, should lead one to suspect the condition found.—*St. Louis Medical and Surgical Journal*.

THE TREATMENT OF INTRA-UTERINE DISEASE.—Three papers on this subject were read before the Obstetric Section of the British Medical Association, at the fifty-second annual meeting.

Dr. Lombe Athill opened the discussion by a paper in which, after referring to the prejudice which formerly existed against treating the uterine mucous membrane as similar surfaces in other situations are treated, a prejudice which is fast disappearing, the author takes up the consideration of the best method of making such applications as may be necessary. He briefly sums up the conditions which demand such treatment, thus: "All affections of local origin giving rise to profuse menstruation, metrorrhagia, or uterine catarrh, or in which hyperesthesia of the nerves distributed over the inner surface of the uterus exist." Polypi and other tumors he would exclude, but certain forms of recurrent growths, and of malignant diseases, are to be included. He specifies "local origin" in order to guard against conditions dependent upon affections of the tubes and ovaries being treated in this manner.

The agents he would employ are borax, iodine, carbolic acid, iodized phenol, nitric acid, iodoform, and solid nitrate of silver. Of these remedies, the author finds he uses carbolic acid in nearly seventy per cent of cases requiring intra-uterine medication,

iodized phenol in about fifteen per cent, and nitric acid in three per cent. Borax in the form of a saturated solution in glycerine he uses very occasionally in exceedingly mild forms of catarrh, which have nearly yielded to harsher remedies. Iodine, either in the form of tincture or liniment, he considers very inert, as probably very little is absorbed, and its action is mainly caustic. Carbolic acid is the most useful agent, both for curing catarrhs and relieving pain. It should be applied every three or four days, and its use continued for some weeks. Iodized phenol, which is iodine dissolved in carbolic acid, one part to three or four, is of great value in certain cases, especially of hemorrhage. Nitric acid is the most active of the agents. It does not cause much pain, but the cervical canal should always be protected by a tube of vulcanite or platinum. Iodoform is used in the form of slender crayons in some cases of dysmenorrhea and of fetid discharge from the uterus. The solid nitrate of silver as recommended by Sir James Simpson for menorrhagia, depending on subinvolution of the uterus, does not act very satisfactorily, and the author rarely uses it.

All of the agents except iodoform and solid nitrate of silver are used by winding a bit of cotton on a flexible probe, and passing it into the cavity of the uterus. By using dry cotton first, and so removing the mucus, the application will reach the uterine mucous membrane more thoroughly.

There are four conditions where it is necessary to adopt other means: (1) When the mucous membrane is so vascular that the introduction of the probes is followed by hemorrhage. (2) When the cavity is of large size. (3) When hemorrhage occurs as the result of vascular growths. (4) When epithelioma affects the cavity of the uterus. For all these conditions the author has been in the habit of dilating, curetting, and applying nitric acid with very good results except in cases of epithelioma. In four cases, the details of which he gives in full, where there was a vascular growth inside the uterus, and where nitric acid failed to control the hemorrhage, he was induced to try injections of iodized phenol, diluted with an equal part of alcohol, a method which was successful in restraining the hemorrhage and prolonging the patients' lives.

Dr. Thomas More Madden, in his paper on the same subject, after a short historical introduction, speaks of the methods of dilating the uterine canal, as by graduated

series of dilators, where the tissues are lax, or by tents, especially laminaria, when there is more rigidity. Oftentimes to get the best effect of the agent applied, even when there is no abnormal growth, a moderate curetting beforehand is of advantage. The majority of cases calling for intra-uterine medication are, according to Dr. Madden, those of what we should call areolar hyperplasia and subinvolution of the uterus. For this treatment he recommends fuming nitric acid applied with the necessary precautions after thorough dilatation of the canal. Milder applications of carbolic acid, iodoform, and tincture of iodine are recommended later.

For the treatment of tumors within the cavity of the uterus, if submucous or pedunculated, he advises enucleation or *écrasement*. Within the past two years he has removed forty-two such tumors with thirty-nine recoveries and three deaths. He ends with urging the importance of general as well as local treatment in these cases.

Dr. John W. Byers emphasizes the importance of the rôle which general endometritis plays in the production of the various changes in the mucous membrane and the resulting symptoms which call for intra-uterine medication. Of the four methods, by injections, by the introduction of remedies in the solid form, by ointments, and by swabbing or painting the remedies over the interior of the uterus, he prefers the last. His testimony as to the relative value of the different solutions recommended, and as to the use of the curette, agrees with that expressed in the other papers.—*Boston Medical and Surgical Journal*.

INTESTINAL OBSTRUCTION CURED BY MORPHINE.—Dr. M. G. Sée, the well-known clinician of the Hôtel-Dieu Hospital, of Paris, reports the following interesting case in the *Progrès Médical*: A young woman of twenty-three years of age, presenting nothing unusual in her antecedents, is taken with vomiting spells after five or six days of complete constipation without emission of gases from the anus. The vomited matters are first of an alimentary nature, but soon assume a greenish hue. Purgatives administered per os and anum produce an ample evacuation of hard and distinctly fecal masses, which no doubt caused the intestinal obstruction. The absence of fever and abdominal pain excludes peritonitis, acute or chronic. No trace of abdominal tumor being found, the expulsion of indurated

fecal matters accumulated in the rectum and sigmoid flexure leaves no doubt as to the correctness of the diagnosis of intestinal obstruction.

Soon after the emptying of the bowels a marked amelioration of the patient's condition took place, but did not last long. The vomiting of fecal matter soon reappeared, having this time a distinctly diarrheal character. This coincidence of diarrhea and of fecal emesis is certainly very strange.

The repeated administration of salines soon disproved the assumption of a permanent obstacle in the intestinal tract; besides, the persistency of the fecal emesis appeared in strange opposition to the disappearance of the constipation. Hypodermic injections of morphine cured the patient in three to six days. Sée regarded the case as one of intestinal spasm, driving the feces to both exits, and thus causing fecal emesis and diarrhea simultaneously. Consequently not to excite, but to calm, was the proper indication of the condition.—*Therapeutic Gazette*.

ON THE LOCAL ACTION OF CALOMEL IN SYPHILIS.—Fürbinger has examined the effect of calomel on wet papules in over one thousand syphilitic subjects (*Zeitschrift für klin. Med.*), and found that this drug in its contact with broad condylomata met with such favorable conditions of solution and absorption, that alongside of its desiccating power its specific mercurial action also asserted itself. Other desiccating powders do not share the quick and profound action of calomel.

Fürbinger corroborates the assumption, that to the generation of corrosive sublimate the medicinal impression is exclusively due. Testing the washings of the applied calomel with iodide of potash, copious precipitates of the iodide of mercury were always obtainable.

Trials of substituting corrosive sublimate for calomel were not encouraging, as strong solutions proved too irritant, weaker ones required too frequent renewals, and at the same time the main advantage of calomel, the rapid desiccation, had to be dispensed with.—*Ibid.*

LATERAL INCISION FOR THE PREVENTION OF RUPTURE OF THE PERINEUM.—Drs. Crédé and Colpé, in the *Archiv für Gynäkologie*, discuss the practice of incising the perineum laterally in order to prevent its tearing centrally. The objections being

brought against it are these: (1) That the incision becomes an ulcer, and disturbs the healthy course of the lying-in. This they prevent by bringing the edges of the incision together by suture, with the result that primary union almost invariably follows. They have devised an ingenious method for applying this suture, but without the assistance of diagrams it is difficult to make this understood; we must therefore refer our readers to the paper, where they will find illustrations that make it perfectly clear. (2) That germs of disease may enter through the wound. In this respect the prospect is no worse than from a torn perineum. Injury to the perineum only to a slightly appreciable extent increases the lying-in woman's chance of disease or death. Out of 2,000 deliveries in Leipzig, among those with uninjured perineums the death-rate was .954, and the morbidity was 2.94 per cent; among those with torn perineums the mortality was .934 and morbidity 3.24 per cent. (3) That the incisions do not invariably prevent perineal rupture. To meet this the authors give a table of percentage of cases in which lateral incisions were made, and of those in which rupture of the perineum occurred, in the practice of five different assistant physicians; and the table shows that the frequency of incision and the frequency of rupture stood in inverse proportion to one another. They also state that, since incision has been practiced, not a single case of complete perineal rupture has occurred. (4) That the cutting is painful; to which the authors reply, that it is done when the patient is already in much pain, so that she does not notice it. (5) That it leads to the subsequent gaping of the vulva. This our authors deny. They believe, in short, that the lateral incision is extremely useful and absolutely harmless. We may add, in order to give an idea of their practice, that in primiparæ lateral incision was practiced in 25.9 per cent, spontaneous rupture took place in 10.4 per cent, and rupture in spite of incision in 2.9 per cent. In multiparæ, the corresponding figures are: lateral incision, 1.2 per cent, spontaneous rupture, 2.4 per cent. They give figures also which show the influence of perineal ruptures in causing illness during the lying-in period. The percentage of primiparæ whom it was necessary to keep in the hospital longer than a fortnight, was 23.1 among those with perineal cuts or tears, 11.4 among those in whom the perineum was uninjured. In

multiparæ it was only 6.8 per cent. The authors recommend that the incision should be made just after the acme of a pain, that is, just after it is beginning to pass off.—*Medical Record*.

MULTIPLE NECROSIS FOLLOWING VACCINATION.—At a meeting of the New York Pathological Society, Dr. W. P. Watson presented a patient with the following history: A girl, now five years and nine months old, weighed nine pounds when born, cut her lower incisors when five months of age, and the anterior fontanelle was closed probably at about the age of one year. She did not have either any eruption on the skin or the snuffles, and remained healthy until two years of age. The mother has always had very good health, has not had a miscarriage, and is the mother of six other healthy children, five living, and one died of smallpox. The father died of acquired phthisis, but his parents and relatives were all healthy. The mother's relatives were all healthy. There was no history of either hereditary or constitutional disease on either side.

When two years old the child was vaccinated by the health-inspector, and the mother says that he made two incisions just below the insertion of the deltoid, which bled so freely as to require a little time and some kind of applications to check the hemorrhage. The mother also says that he used two vaccine points; whether animal or humanized, Dr. Watson was unable to ascertain positively, but the probability was that it was animal virus.

On the *third* day after the vaccination the child was sick in bed with fever, and on the *fifth* day the mother noticed on the outer aspect of the left forearm a swelling, which was very much inflamed and elevated. One week later a similar swelling, and in about the same situation, appeared upon the right forearm. Two weeks afterward a like swelling appeared over the left scapula, and two months subsequently one upon the outer aspect of the right leg. At the end of a week or ten days those upon the left forearm and over the scapula opened and discharged profusely pus of green color, and the discharge from the other swellings was of the same character when they were opened. The abscesses continued to discharge unhealthy pus for two years, and during the last year several spiculæ of bone have appeared in the sinuses and have been removed by the mother. The first

spiculæ came from the left forearm, and was removed about eight months ago; the last one was removed from the sinus in the right forearm about two months ago. (The specimens were exhibited). All the sinuses are now closed entirely. The left elbow is ankylosed at an angle of from 20° to 30° ; motion seems to be perfect in the right elbow-joint.

The case illustrated the fact that accidents, other than the transmission of syphilis, might occur after vaccination, and, furthermore, that such accidents were not the fault of either physician or patient.

One point of interest with reference to the abscesses was that they occurred mostly on the same side with the vaccination. Another point of interest was that the axillary glands on the left side never suppurated, although they were enlarged for more than a year.—*Ibid*.

SURGEONS AND ANATOMY.—In Pirogoff's *Memoirs*, now appearing in the *Wiener Med. Zeitung*, instances of the disregard or forgetfulness of anatomical details by leading German surgeons are given which sound somewhat strange to English ears. Neither Rust nor Græfe, nor Dieffenbach knew anatomy. Rust once said very naively, in a lecture on Chopart's operation: "I have forgotten what the two bones there are called—the one convex, like a fist, the other concave in the joint; from these two bones the anterior part of the foot is separated." Græfe was in the habit of inviting Schlemm, the professor of anatomy, to great operations, and to inquire during the course of it, "Does not an arterial stem or branch run through there?" Dieffenbach simply ignored anatomy, and made merry over the situation of arteries. He considered the fear of wounding the epigastric artery in herniotomy to be a useless sensation. He used to say to his pupils, of the same artery, "That is a phantom of the imagination." Dieffenbach was such a stranger to even the most superficial anatomical conceptions that he sent a piece cut out from the tongue of a stammerer to Johannes Müller, with the request that he, Professor Müller, would determine what muscle it was.—*Medical Press*.

POISONING BY PETROLEUM.—Dr. Duguet, (*Gazette des Hôpitaux*) of the *Lariboisière*, relates the case of a woman, aged forty-eight, who was brought into that hospital May 8th, having just swallowed about a

pint of the ordinary petroleum of commerce, with suicidal intentions. She at once felt a strong sensation of oppression along the esophagus, and especially at the stomach, together with a sense of burning, and was in a very agitated condition. She exhaled a powerful odor of petroleum, and, on vomiting being excited by ipecacuanha with large quantities of milk, a good deal of petroleum floated on the ejections, as it did in those produced from the bowels by a clyster. All the urine of the patient was carefully preserved, and that passed just before the emetic was given contained a floating layer of petroleum about one inch in thickness. On the day after her admission, the floating petroleum in the urine amounted to about five drams, but by the next day had diminished to one dram and then gradually disappeared. Some albumen, which at first was present, disappeared with the petroleum. During the first four days the petroleum prevented the urine from undergoing decomposition for ten days.—*Medical Record.*

OX-GALL IN THE TREATMENT OF TYPHOID FEVER.—Dr. G. G. Van Schaick, in an article in the Quarterly Bulletin of the Clinical Society of the New York Post-Graduate Medical School, recommends highly the administration of pure ox-gall in typhoid fever. He gives the pure ox-bile from the slaughter-house in gelatine capsules of a dram each, three or four times a day, according to the indications. A marked change in the height of the fever was noted after its administration. He says:

The idea of using ox-gall in typhoid came from a close study of the symptoms and their causation, and I am well satisfied that we have at hand a remedy calculated to let the disease run its course in a mild form, and to remove the chief symptoms which go so far toward making the disease the dangerous and severe one we have hitherto observed.

I do not believe that any drug we can give, in any way, in typhoid, is able to modify to any great extent the inflammatory processes at work upon the agminated and solitary glands of the intestines, and therefore the treatment upon the whole has always been symptomatic, and has aimed at reducing the temperature, at diminishing the rapidity, and increasing the force of the cardiac action, at improving the mental disturbance, and at reducing the amount of tympanites.

The primary cause of these symptoms, I think, is due to the parenchymatous metamorphosis induced chiefly in the liver. Of course such change is known to occur also in the myo-cardium, the kidneys, and the gastric glands; but I think that the hepatic trouble gives rise to a majority of the disturbances. This change evidently causes a very serious diminution in the hepatic secretion; hence a very imperfect digestion and an absence of the great disinfectant of the intestinal canal. For this reason we get the decomposition, giving rise to the tympanites; we get the absorption of its products, giving rise to a poisoning followed by high temperature and mental disturbance.

I do not by any means, therefore, think I am guilty of exaggeration when I say that the chief accessory lesion in typhoid fever is the hepatic derangement, and I think that if we can eliminate this and its results, we will very much diminish the severity of the disease by confining it chiefly to the intestines. These ideas, if correct, would of course lead one to suppose that if so much trouble is due to the absence of a sufficiency of bile, we should replace it as well as possible, and I have therefore employed the best substitute I could find, namely, pure ox-gall. Of course it is at once objected, that it is impossible to give a patient an amount of bile corresponding with the quantity of its daily secretion; we must, however, bear in mind that the quantity required is very much less than in health, the patient being only fed upon milk and fluid diet, which probably requires but a small amount of biliary fluid. Moreover, there is a certain amount of bile secreted during the disease, and a fairly small quantity added to this may make up the desired amount. The drug certainly has this effect to a marked extent in other diseases, and I must say that my attention to its use in typhoid fever was called chiefly after observing the excellent results obtained by Prof. Porter, at his clinics, in all cases where it seemed that there was some temporary hepatic trouble, giving a lessened bile-production and consequent disturbances, much less in degree but somewhat similar in kind to those observed in the digestive derangements of typhoid fever.

It is evident that in many cases that die early in the disease, without perforation or other anatomical cause of death, the fatal result is due to an overwhelming poisoning

of the general system. Now, I think it most probable that the poisoning is much rather caused by the absorption of decomposed intestinal matter than by the bacterii described by Professor Tigri, or by Coze and Feltz, or others. We know, of course, that a micro-organism resembling the "*Bacterium Canula*" has been found in the blood of typhoid patients, but we do not know that it has been proved to be the real typhoid germ, and not one derived merely from the auto-infection caused by intestinal decomposition. Besides, we must remember that, however much we believe in bacteriology, we should not allow ourselves to be carried away too far by it. Bouchut states, that though it is always remarkably easy to find characteristic bacteria of whooping cough in the sputa a few hours after expectoration, he always failed when he examined them at once. This remark is pregnant of much truth, and can be applied to many conditions.

PHTHISIS AND PNEUMONIA IN THEIR RELATION TO SYPHILIS.—In an interesting article in the Quarterly Bulletin of the Clinical Society of the New York Post-Graduate Medical School, on Phthisis and Pneumonia in their Relation to Syphilis, Dr. W. H. Porter sums up the conclusions as follows:

1. *Etiology.* Pulmonary lesions attributable to syphilis are very common, more so in females than in males, with the maximum number of cases occurring between thirty and forty years of age; it is as frequently, if not more frequently, inherited than acquired.

2. *Pathology.* Is most frequent at the apex; usually involves both lungs; is a peculiar pneumonic process in the early stages, while later cavities are formed, and it becomes phthisical in the sense of progressive consolidation, followed by softening and the formation of cavities. There is a strong resemblance, but a positive difference, between syphilitic and tubercular phthisis, and a positive anatomical difference between a syphilitic and a miliary tubercle.

3. *Symptoms.* These are peculiar and diagnostic.

4. *Diagnosis.* This rests mainly upon the rational history and physical signs, the extreme dyspnea, the periosteal tenderness, and the absence of an increased bodily temperature.

5. *Prognosis.* This depends upon an early recognition of the trouble.

6. *Treatment* must be anti-syphilitic to be of any avail. Many cases are unaffected by iodide of potassium alone, unless under enormous doses, but a rapid improvement follows upon the use of the biniodide of mercury, iodide of ammonia, and the iodide of potassium.

THE EFFECT OF COCAINE UPON THE HEALING OF WOUNDS.—Dr. Lucien Howe concludes an article on this subject in the New York Medical Journal, August 8th, with the following propositions:

1. In the lesions of the conjunctiva, perfect solutions of the hydrochlorate of cocaine have no appreciable effect, beneficial or otherwise, upon the healing process. When the solution is imperfect, a slight additional hyperemia is produced, which persists longer than in the other eye, but this is ordinarily of no practical importance.

2. In lesions of the cornea it has a beneficial effect, like other mydriatics, but inferior to that of atropine. In imperfect solutions a perceptible abrasion of the epithelium is produced, and, though this is quickly renewed, the healing is thereby delayed by the cocaine.

3. In wounds of the iris the mydriatic action of cocaine is evident; but here again it is inferior to atropine, and is of little value in detaching firm synechiæ. Imperfect solutions, however, do not appear to hinder the healing process any more than when applied to the conjunctiva or cornea. Indeed, as strong mixtures possess decided antiseptic properties, they would seem to exert a favorable effect in this respect.

EFFECT OF GENERAL INUNCTIONS ON TEMPERATURE.—From an inaugural thesis of Nasser we abstract the following conclusions:

1. Fatty matters, or vaseline, applied to the entire surface of a child during fever modify the temperature.

2. This modification of temperature consists usually in a reduction of the fever-heat, rarely in a slight and transient elevation, exceptionally only no change is observable.

3. The younger the children are the more pronounced is the reduction of the febrile feature.—*Therapeutic Gazette.*

IODIDE OF POTASH IN THE TREATMENT OF PSORIASIS.—Dr. Hashurd reports a number of cases of psoriasis treated with iodide of potassium alone (*Hospitals-Tidende*, No.

17, 1885). In two thirds of the cases in which the treatment was faithfully carried out a cure resulted; in the remaining third no improvement followed. The drug was given in very large doses, as much as eight or ten drams a day, and continued for six or eight weeks. In one case the patient consumed between thirty and forty ounces of the iodide during the course of treatment. In only one instance were any of the characteristic symptoms of iodism manifested.—*Medical Record*.

ON DIETETIC ERRORS IN FEEDING INFANTS. (*Therapeutic Gazette*).—In view of the absolute and relative increase in the number of children affected with rachitis within the last ten years, the supposition is warrantable, says the editor, that the various artificial foods with which the market is flooded are deficient as a substitute for mother's milk, or else that their mode of exhibition is at fault. Especially during the first four to six weeks of life should artificial foods be avoided, since the pancreas does not begin to secrete its diastatic ferment until after the first month. Hüllmann, of Halle, has recently written an important paper covering the subject of artificial foods, and his opinion is that the objection to them is due to the improper manner in which they are exhibited. The conclusions of his paper

1. Mother's milk is the only perfect food for the infant.

2. The infant ought not to be fed artificially during the first four to six weeks.

3. Cow's milk is the best substitute for mother's milk.

4. The quality, quantity, and mode of ingestion of food stuffs ought to be equally considered.

5. Diarrhea in children must be regarded as a grave affection.—*Archives Pediatrics*.

CHOLERA IN SPAIN.—According to the reports received by the National Board of Health, there have been, from March 4 to August 16, 159,173 cases and 63,640 deaths.

DR. PAUL BÖRNER, editor of the *Deutsche Medicinische Wochenschrift*, and editor and publisher of the *Jahrbuch der Prakt. Medizin*, died recently in Berlin, after a short illness, at the age of fifty-six years.

GLYCERINE in doses of $\bar{3}$ ss to $\bar{3}$ j is recommended as a pleasant and effective remedy for tape-worm. It should be followed by a purgative.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from September 27, 1885, to October 3, 1885:

Col. T. A. McParlin, Surgeon, directed to transfer his duties and the public funds for which he is accountable, as Assistant Medical Purveyor, to Capt. Henry Johnson, Medical Store-keeper, who will, in addition to his present duties, temporarily perform the duties of Assistant Medical Purveyor, New York City. (S. O. 223, A. G. O., Sept. 29, 1885.) *Major D. G. Caldwell*, Surgeon, ordered from Fort Larami, Wyoming, to Fort D. A. Russell, Wyoming. (S. O. 97, Dept. Platte, Sept. 28, 1885.) *Captain J. H. Bartholf*, Assistant Surgeon, ordered from Fort Ringgold, Texas, to Fort McIntosh, Texas, for duty as Post-Surgeon. (S. O. 125, Dept. Texas, Sept. 28, 1885.) *Captain Louis Brechemin*, Assistant Surgeon, ordered from Fort D. A. Russell, Wyoming, to Fort Larami, Wyoming. (S. O. 97, Dept. Platte, Sept. 28, 1885.) *First Lieutenant C. N. B. Macauley*, Assistant Surgeon, relieved from duty at Fort A. Lincoln, D. T., and ordered for duty at Camp Poplar River, M. T. *First Lieutenant Wm. L. Knudler*, Assistant Surgeon, when relieved from duty at Camp Poplar River, M. T., by Assistant Surgeon Macauley, to report to the commanding officer, Fort Snelling, Minn., for duty. (S. O. 105, Dept. Dakota, Sept. 21, 1885.) *First Lieutenant P. G. Wales*, Assistant Surgeon, relieved from temporary duty at Boise Barracks, and ordered for duty at Ft. Coeur d'Alene, Idaho. (S. O. 160, Dept. Col., Sept. 21, 1885.) *First Lieutenant C. B. Ewing*, Assistant Surgeon, relieved from duty at Fort Stanton, N. M., and ordered for duty at Fort Leavenworth, Kansas. (S. O. 147, Dept. Mo., Sept. 25, 1885.)

MARINE MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended October 3, 1885.

Bailhache, F. H., Surgeon, detailed as Chairman of Board for the physical examination of officers of the Revenue-Marine Service, Sept. 28, 1885. *Vansant, John*, Surgeon, order to New Orleans, La., revoked; to proceed to St. Louis, Mo., October 2, 1885. *Purviance, George*, Surgeon, to proceed to Louisville, Ky., as Inspector. October 1, 1885. *Gassaway J. M.*, Surgeon, detailed as Chairman of Board for the physical examination of officers of the Revenue-Marine Service. October 3, 1885. *Godfrey, John*, Surgeon, order of September 16th amended; to proceed without delay to Louisville, Ky. September 28, 1885. *Goldsborough, C. B.*, Passed Assistant Surgeon, order of September 16th amended, when relieved, to proceed to Chicago, Ill. October 1, 1885. *Irwin, Fairfax*, Passed Assistant Surgeon, detailed as Recorder of Board for the physical examination of officers of the Revenue-Marine Service. September 28, 1885. To examine physically and instruct crews of the Life Saving Service, Third District, in the method of restoring the apparently drowned. October 3, 1885. *Banks, C. E.*, Passed Assistant Surgeon, detailed as Recorder of Board for the physical examination of officers of the Revenue-Marine Service. October 3, 1885.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, OCTOBER 17, 1885.

Original.

REPORT OF TWO CASES.

1. A UNIQUE CASE OF CHOREA.
2. ALCOHOLISM TREATED BY MONOBROMATED CAMPHOR.

BY. JAMES WEIR, M. D.

I. Eddie B., aged twelve years and two months, was sent me, August 28th, for treatment by Dr. Trunnell. The Doctor had diagnosed chorea, and upon examination I confirmed his diagnosis. Upon stripping him for physical examination a most beautifully developed condition of the whole body showed itself. Every muscle was in proportion, the *tout ensemble* presenting the appearance of the Farnese Hercules in miniature. He stood firmly on his feet, without a muscle of his upper or lower extremities or trunk showing a single tremor. His father told me that he had slight volitional control over his paroxysms, and that when under observation did not show evidence of his disease. Furthermore, that the "snapping of his eyes and the popping of his mouth was all that bothered him." I directed the boy to put on his clothes, watching him the while. Suddenly a contraction of the *zygomaticus major* on the left side drew the corner of his mouth almost to his ear, at the same time the *orbicularis palpebrarum levator palpebrae superioris* and *corrugator supercilii* were in violent and continuous action. I immediately recognized chorea limited to the muscles of the face, a rare and infrequent form of this affection. After study of the case showed me that the muscles involved other than those above mentioned were the *levator labii inferioris*, *orbicularis oris*, and

buccinator. As far as I could determine the motor branches of the fifth as well as certain branches of the third and seventh pairs of nerves were involved. There was absolutely no sensory involvement. There was no mental impairment, no hallucinations, no dreams, and no involuntary action of the sphincters. I gave the father a favorable prognosis, and the progress of the case has justified my opinion. Under large doses of pil. ferri. carb. and liq. potass. arsenitis, with five-minute *seances* of faradic and galvanic currents, I have gotten rid of the choreic paroxysm in every muscle involved save the *levator labii inferioris*. I believe his occasionally uncalled for use of this muscle is partially habit.

II. I was called to see Mr. G., September 8th, at a hotel in town, and found him on the verge of *delirium tremens*. I had a nurse appointed him and gave him a pill (hydrarg. chlo. mite, grs. x). Five hours after the administration of the pill he had a copious and free dejection. Not finding hotel accommodations suitable for my patient, I had him removed to the infirmary, where I ordered a capsule of camphor monobromat. (grs. v) to be administered every hour until sleep ensued. His friends finding him in town had him removed to a private house, where I visited him later in the day. I found that he was still restless, very nervous, and apprehensive. He had taken but one pill. I ordered another at once, to be repeated every hour. After the third dose he fell into a calm sleep and slept till 10 o'clock the following day, when he awoke and clamored for his breakfast. I forget the amount he ate, but it was sufficient to set him on his feet, and I bade him God-speed the following afternoon.

LOUISVILLE, KY.

THE ALCOHOLIC LIQUOR DRANK IN AMERICA.

The following readable article on "The Drinking Habit" appears in the Louisville Courier-Journal, and, judging from its vigorous style and thought, it was doubtless written by the accomplished editor-in-chief of that paper:

THE DRINKING HABIT.—The vote received by the Hon. Fontaine T. Fox, jr., in the recent election for State Treasurer of Kentucky, does not represent any adequate popular response to the undeniable truths and, as we think, the wholly erroneous conclusions which Judge Fox so eloquently urged upon public notice during his painstaking and active canvass. Much of his support was, in the nature of the case, purely oppositionary and altogether partisan in its character. Outside a very small coterie of earnest, but extreme men and women, who believe that legislation can compass moral reforms, the main question was lost sight of, and such general interest as entered the contest was personal and political. It is one thing to oppose what are known as sumptuary laws, and quite another thing to agree with those who declare that drunkenness is our national vice.

Nor is it enough to admit this, and to couple with the admission all the reprobation which thoughtful people must feel touching so calamitous and dire an evil. The candid mind must go farther, and confess that the evil, instead of being abated by a more extensive system of education and by the progress of modern civilization, is the rather on the increase. Yet, as a rule, this is not conceded. In any comparison between the present generation and our grandfathers or great-grandfathers, it is usually assumed that we are superior to them in our temperate use of intoxicating liquors. Gentlemen no longer come reeling into the drawing-room after a debauch at the dinner-table. Five-bottle men have gone the way of the world, and the days of prolonged potations are at end. At a dinner party heavy drinking is regarded as a disgraceful anachronism, and a man who gets drunk excludes himself from good society. All this is very true, but it does not prove the assertion that we are a more sober people than our grandfathers; it only proves that we do not get drunk in the same way as they did.

It is quite possible to drink a great deal of liquor, even of strong liquor, without yielding to that absolute intoxication which reveals itself in inarticulate speech, staggering movements, or senseless stupor. A good deal depends on whether the liquor is consumed at a sitting or in drams taken at intervals during the day. Violent or helpless intoxication is but one among many phases of drunkenness. It may be said that few men now allow themselves to be seen in this condition. Some of these are confirmed sots, and are always tippling; but as a rule, when men of this class get drunk, it is not by means of habitual drams, but as the natural conclusion of a drinking bout in which they have engaged with a distinct expectation, if not expressly for the sake of this result. There is a "big drunk" recurring with more or less frequency, and in the intervals they are perhaps as sober as judges. This was once the way

in which gentlemen settled down to their cups, but the fashion has been gradually descending in the social scale.

But this is only one kind of drunkenness, and not in all respects the most dangerous and destructive kind. Its very grossness and the violent external indications which accompany it supply to some extent a warning, if not a corrective. It is a rock on which no vessel can split unawares. There is a sharp, unmistakable penalty for each carouse, which suggests reflection and encourages reform. If a man goes to the dogs in this manner, he goes with his eyes open, and every body can see plainly what has happened, and can put together cause and effect and draw the necessary moral. It is the strong, still current of the stream above the falls, the fatal grip of which is not appreciated until it is too late to struggle against it, which is most to be dreaded.

It is possible for a man to be very much the worse for drink, as the phrase is, both in a moral and physical sense, without showing it in his gait or speech, and even to be all but a confirmed drunkard without himself being more than faintly aware of the peril in which he stands. Hence the serious and alarming aspect of the kind of drunkenness that is now becoming so prevalent in society, even in quarters where it has hitherto been little suspected; drunkenness which, stopping short of absolute intoxication, takes the form of a perpetual and feverish craving for alcoholic excitements, for nips and drams, for odd glasses of whisky straight and tipples of brandy at irregular hours. As a mere matter of hygiene, it would probably be better for a man to get fairly drunk once or twice every few weeks than to yield himself in bondage to an evil desire which, when once indulged, establishes its dominion by preying on the stomach and destroying the appetite of its wretched victim, and thus compelling him to depend on stimulants for sustenance. It is possible for a man to make alcohol a substitute for food, but, of course, it can only be for a time, and the end is certain, and often swift in coming. There is, of course, a constant tendency to increase the dose, and the tippler's condition is always becoming more pitiable and helpless; but his descent is smooth and not interrupted by the shocks which pull up the more violent drunkard in his desperate career, and almost compel him, in spite of himself, to reflect on the misery and degradation which he is accumulating for himself.

If it be true that there was more downright drunkenness fifty or sixty years ago, on the other hand it may be doubted whether the consumption of liquor has not greatly increased. There are apparently not a few people who are under the impression that, with the exception of brandy and whisky, no intoxicating drinks are now in use, champagne being only a kind of lemonade, and sherry as innocuous as catawba wine, while claret, of course, is only a sort of colored water. It would perhaps occasion considerable surprise if the amount of raw alcohol contained in the light drinks which are so much in favor, and which are triumphantly referred to as a proof of the increasing sobriety of the nation, could be extracted and exhibited. Most of the low-priced sherry is only brandy-and-water in disguise, but the brandy which forms the principal basis of the deleterious compound bears no relation to the juice of the

grape; it is a fiery, corroding spirit, distilled from potatoes, beet-root, grain, or perhaps even from timber. Some people flatter themselves that if they keep to a very dry sherry they are safe; but dry sherries, to any degree of dryness, are now to be had at any price, the wine merchants having discovered that the addition of niter will produce the desired flavor. Much of the cheap claret which is consumed under the impression that it is a light temperance beverage is also highly fortified with coarse spirits. It may be observed that persons who are accustomed to this so-called light wine often disparage the better kinds as tame and insipid. The introduction of cheap wines into this country has proved, we suspect, a very questionable advantage. Quantity for quantity, it may be better to drink a simple claret than strong liquor; but, on the other hand, it must be remembered that the claret usually sold is very far from being so simple as is supposed, that it is consumed more freely and frequently, and that a large class of people who rarely drank wine at all, but contented themselves with water or milk at their meals, are now in the habit of drinking several glasses of wine in a day. Formerly, wine, in households of moderate means, was reserved for state occasions, a birthday or some other family festival. If people do not get drunk as they usually do, it is certainly not because they have reduced their consumption of intoxicating drinks; and it is not certain that the modern fashion, although it may be more decorous, is an improvement as regards its effects on health and morals. The feverishness and restlessness of modern life, the morbid passion for excitement and sensation, the tendency to reckless speculation in business, and to a headlong pace in society, may without much difficulty be traced in a great measure to the increasing use of dangerous stimulants.

What is to be done about it? Setting aside all political and economic considerations, we do not believe that prohibition enactments either have met, or will ever meet, the requirements of the case, which is one of morality, and largely sanitary in its character. Of late the medical profession, which has some sins of commission to answer for, has begun to move in the matter, and we are glad to see this. Although the doctors do not deserve all the blame which is cast upon them, it can hardly be said that they have shown that caution and that sense of grave responsibility which are necessary in prescribing so fascinating and dangerous a drug as alcohol, which, in whatever form, should be prescribed with as much care as any powerful drug, and the directions for its use should be so framed as not to be interpreted as a sanction for excess, or necessarily for the continuance of its use when the occasion is past. If the doctors choose, they can do immense service by dissipating the superstitious exaggeration which prevails as to the value of alcohol as an article of diet; by warning their patients of the insidious and fatal advances of the appetite for stimulants if once encouraged; by compelling them to reckon up the extent of their regular potations; and by stripping off all disguise or illusion as to the character of the liquids consumed and the inevitable consequences of a disgusting and destructive vice. It has been calculated that one ounce and a half of absolute alcohol, or two ounces in the case of unusual mental or physical exercise, is about the

maximum daily allowance for adult men, and three quarters of an ounce (or two glasses of ordinary sherry) for women. Of course it can not be expected that people should take their wine in measured phials; but it is well that it should be understood that it is only within narrow limits that stimulants can be safely taken, that frequent small doses, especially if taken apart from meals, are almost worse than an occasional overdose, and that drinking may be carried to an excessive and ruinous point without producing any thing like absolute intoxication.

While it is true that much spurious foreign wine is imported into this country, adulterated stuff that is not fit to drink, the American wines, especially those made in California, are almost without exception the pure juice of grape fortified with a sufficient quantity of grape brandy to keep them from souring. The quantity of brandy, fifty degrees strong, varies from ten to thirty per cent, according to the kind of wine. For instance, clarets and Rhine wines contain naturally, after the vinous fermentation, from seven to twelve per cent of alcohol. If the grapes are not sufficiently ripe to contain the amount of sugar necessary to give this required strength, then grape sugar is usually added before fermentation, to be converted into the needed alcohol. Port, sherry, and other strong wines have brandy added to them after the wines are made. But it is not wine-drinking that is the cause of the prevailing intemperance, for there is not one fourth as much wine used now as there was thirty years ago. The use of beer has not only supplanted the use of wine, but it has gone far ahead of any other kind of intoxicant ever before used in this country. As a nation we are not so intemperate as either the German or the English people; but we have of late years fallen upon a popular drink that is far more deleterious and injurious than any kind of beverage used in Europe, not excepting the poisonous *absinthe*. Reference is made to old Bourbon whisky. In former years, by the old style sour-mash process, one bushel of grain yielded, by the natural fermentation, one and a half gallons of whisky. This article contained the *volatile* oils and the pure alcohol eliminated by the low temperature. It was the kind of whisky our forefathers used almost to excess without any apparent injury to their constitutions; and probably the moonshine whisky the mountaineers use now is of the same character, having nothing worse than alcohol. Under its use there is quick stimulation which sub-

sides gradually as the alcohol is eliminated. The greed of distillers has urged them to push the distillation so as to get as much whisky as possible from the grain; from the old-time standard of one gallon and a half they increased the product to three, and then to four, and some distillers boast of getting even five gallons of whisky from a single bushel of grain. This increased product is obtained by raising the temperature until both the *volatile* oils and the *essential oils from destructive distillation* are thrown off, consequently a large per centage of *fusel oil* is found mixed with the whisky, and this can not be gotten rid of except by some chemical process or by redistillation at a low temperature. In the course of a year's time much of the *fusel oil* will be transformed into fragrant ethers, which, being quite volatile, will evaporate, but enough of this oil will still remain in the whisky to seriously damage the stomachs of those who drink high distilled whisky as a daily practice; or, if the stomach escape, the irritant affects the kidneys, producing granular degeneration, a form of Bright's disease which is to-day alarmingly prevalent and seemingly on the increase. *Fusel oil* is closely allied to creasote in its characteristics and effects on the human system. It is a corrosive poison that, in its concentrated form, would immediately kill if swallowed; but largely diluted, as in a dram, it acts more slowly but not less surely. The alcohol may pass rapidly out of the system; but the fusel oil can be removed only by slow elimination, and, lingering in the tissues, does destructive work upon the delicate vital organs.

Dio Lewis says that in five years from now no respectable physician will prescribe whisky as a remedy for pulmonary consumption or any other complaint. May not this new mode of distillation be the reason why the use of whisky is rapidly growing into disrepute? It is the *fusel oil* that is causing the mischief, and rather than risk the serious consequences therefrom it will be far safer to abandon entirely the use of whisky.

K.

LOUISVILLE, October, 1885.

DR. RICHARD MCSHERRY, one of the most prominent practitioners of Baltimore, and Professor of Theory and Practice of Medicine in University of Maryland, died in that city, October 7th, aged sixty-one.

Miscellany.

THE AMERICAN MEDICAL ASSOCIATION'S NEW COMMITTEE'S SUB-COMMITTEE.—Last week the NEWS published a resolution passed at a recent meeting of the new Executive Committee of the International Medical Congress. The manifest inconsistency of this document with the former utterances and doings of the Congress-destroyers, and the evident design of its authors to render futile, by denying their master, any attempt to displace them at the next meeting of the Association, and restore to its full function and authority the original committee, are amusing, if not droll. The New York Medical Journal, of October 10th, thus comments upon the situation:

It seems that what was said to be sauce for the goose is not considered to be sauce for the gander. In April the Lacedemonian cry went up that the committee that was originally intrusted with the organization of the Ninth International Medical Congress was merely authorized to carry out the will of the American Medical Association, and that its work was in every respect subject to the revision of the Association. This cry carried the day, and the New Orleans meeting proceeded to revise the committee's arrangements with a vengeance—with what results the country is but too well aware. The Association's pet committee, however—those gentlemen who were chosen to supersede the legitimate body—soon found that there was no further occasion for the responsibility alleged by the New Orleans meeting; or, rather, it is a sub-committee that has made that discovery.

Our readers will remember that the reconstructed committee held a meeting in New York on the 3d and 4th of September, at which a sub-committee, styled an executive committee, was constituted, and that the further prosecution of the work of patching up the organization of the Congress was given into the hands of this sub-committee. The "Journal of the American Medical Association" now informs the world that the executive committee held a meeting in New York, on the 24th of September, at which, "more than a quorum" being present, it perfected its organization by electing Dr. Henry H. Smith, of Philadelphia, chairman, and Dr. Frederick S. Dennis, of New York, associate secretary-general, after which, "to prevent all further misunderstanding, both at home and abroad," it unanimously adopted the following remarkable resolution:

"Resolved, That this executive committee enters upon the management of the affairs of the Ninth International Medical Congress with the understanding that, in accordance with Rule No. 10, its powers are not restricted except by the rules and regulations adopted September 3, 1885, by the committee of arrangements appointed by the American Medical Association in April, 1885; and that the actions of this executive committee are final, not being subject to revision, amendment, or alteration, by either the committee of arrangements or the American Medical Association."

Indeed! Is this "understanding" supported by Speaker Randall? And if, in this instance, not only is the so-called "committee of arrangements" not subject to oversight by the organization that appointed it, but even a sub-committee is answerable neither to it nor to its creator—nor, in fact, to any power on earth—we would like to know how Mr. Randall likes the tricks and the manners of the coterie whom he so kindly accommodated with his opinion in the early part of the summer.

For our part, we are perfectly well satisfied. We have all along maintained that the original committee ceased to be a committee of the American Medical Association the moment its invitation was accepted at Copenhagen, and that at the same moment it became, by adoption, a committee of the Congress, responsible to it, and to it alone. As a legitimate corollary of that position, we have held that the original committee was under no sort of obligation to report to the New Orleans meeting. We are able to say now that such indeed was the conviction of the truly representative men in the old committee, but that they were seduced into a course of conduct that was urged upon them as being in the interest of conciliation, whereas no real conciliation was ever intended by the seducers. The sub-committee is now quite of our way of thinking—*mutatis mutandis*; and we wish it joy.

In commenting upon the spirit of the resolution, and the gentle cooings of the Journal of the American Medical Association in announcing the results of the meeting, the Philadelphia Medical News says:

The Journal adds that "the proceedings of the committee were characterized by entire harmony and a commendable zeal in pushing forward the proper preparations of the Congress," but makes no comments on the remarkable resolution which was adopted, probably because they are superfluous since it has uniformly declared that the "Association in conferring these powers and duties upon its committee, by no means abrogated its own authority in the premises." Moreover, the organ of the Association warmly indorsed the opinion of ex-Speaker Randall, which it published last July, in reference to this controversy, that the "theory that a select committee, created by a body with certain defined powers and duties, gives any *vested rights*—so to speak—which places it above or beyond the power of the creating body to review or regulate, is one not only without precedent in parliamentary law, practice, or history, but untenable on any ground of parliamentary principle. A legislative or other body may, if it see proper, temporarily delegate, as a matter of convenience, certain of its powers and functions to a select or standing committee, but it does not thereby part with its inherent right to resume that power whenever it chooses, and that right is one which the committee can not question."

HEALTH IN MICHIGAN, SEPTEMBER, 1885. Reports to the State Board of Health, Lansing, by observers in different parts of the State, show the diseases which caused most sickness in Michigan during the month of September (five weeks, ending October 3,)

1885, to be: Diarrhea, neuralgia, intermittent fever, rheumatism, consumption of the lungs, bronchitis, tonsilitis, remittent fever, influenza, dysentery, cholera-morbus, typho-malarial fever, cholera-infantum, whooping-cough, erysipelas, inflammation of kidney, diphtheria, typhoid fever (enteric), inflammation of bowels, pneumonia, scarlet fever, inflammation of brain, cerebro-spinal meningitis, puerperal fever, and membranous croup. Number weekly reports received, 374.

For the month of September, 1885, compared with the preceding month, the reports indicate that influenza, typho-malarial fever, bronchitis and neuralgia increased, and that cholera morbus, cholera infantum, and diarrhea decreased in prevalence.

Compared with the average for the month of September in the seven years, 1879–1885, intermittent fever, remittent fever, dysentery, typho-malarial fever, cholera infantum, cholera morbus, diarrhea, consumption of lungs, and typhoid fever were less prevalent in September, 1885.

For the month of September, 1885, compared with the average of corresponding months for the seven years, 1879–1885, the temperature was lower, the absolute humidity and the day ozone were about the same, and the relative humidity and the night ozone were more.

Including reports by regular observers and others, diphtheria was reported in Michigan in the month of September, 1885, at fifty-six places; scarlet fever, at forty-two places; typhoid fever, at forty-nine places, and measles, at five places.

HENRY B. BAKER, *Secretary*.

LANSING, October 8, 1885.

CHRONIC OTITIS MEDIA.—In a paper read before the American Otological Society (Cincinnati Lancet and Clinic), Dr. W. W. Seely gives the following conclusions as to treatment:

1. Only experience of sufficient length of time (often lasting over months) in each case can determine whether treatment shall be continuous (daily) or interrupted, that is, perhaps daily for a few weeks, followed by an interruption of some weeks or months.

2. Only experience in each case can inform us whether treatment is to be directed entirely to the middle ear or entirely to the naso-pharynx, or combined against both.

3. Only experience in each case can inform us whether injections into the tympanic cavities are called for.

Under this head I would say that strict

medication, either of the middle ear or naso-pharynx as routine treatment is unwise till simple inflation has failed.

4. Mechanical dilatation of the tubes is rarely necessary or advisable.

I would remark here that only in extremely dry states of the tube is dilatation followed by much success.

5. Hearing tests are not reliable, and hence patients with great deafness, great loss of bone conduction, etc., should not be sent away till the "test by trial" has been thoroughly gone through with.

6. Simple inflation failing, the greatest attention should be given to the naso-pharynx, even though it is in an apparently fair condition.

7. Syringing, douching, and swabbing the naso-pharynx should be abandoned.

AT the recent meeting of the Medical Society of the State of Virginia, the following officers were elected for the ensuing year: President, Dr. Rawley W. Martin, of Chatham; Vice-Presidents, Drs. John S. Apperson, of Town House; T. B. Greer, of Rocky Mount, and H. M. D. Martin, of Fredericksburg; Recording Secretary, Dr. Landon B. Edwards, of Richmond; Corresponding Secretary, Dr. J. F. Winn, of Richmond; Treasurer, Dr. R. T. Styll, of Richmond.

Dr. Hugh T. Nelson, of Charlottesville, was appointed to deliver the annual address to the public and profession in 1886, and Dr. L. Ashton, of Falmouth, to lead in the discussion on "Puerperal Septicemia" at the next meeting.

Drs. Thomas J. Moore, and Hugh M. Taylor, of Richmond, and Meade C. Kemper, of Norfolk, were appointed Examiners on the State Board.

The next annual meeting will be held at Fredericksburg in November, 1886.

AT the meeting of the American Gynecological Society (Medical Times), Dr. T. A. Reamy thus described his method of supporting the perineum: When the perineum begins to bulge, the patient is placed across the bed, with the limbs in the lithotomy position and the knees close together. A towel or bandage ten inches wide and a yard and a half long is placed around the buttocks and perineum, with the upper edge of the bandage on a level with the fourchette. The ends of the bandage are given to two assistants, who sit on each side of the patient, or, if the bed is narrow,

they take their positions at the head of the patient. They are told to make traction during each pain. The accoucheur sits in front of the patient and sees that the traction is made in the proper direction. Care must be taken that the towel is smoothly applied to the perineum. The forceps may be used with the towel in position. This method is comfortable to the patient, and does not necessitate exposure.

THE November Number of the Southern Bivouac will contain an exceedingly graphic article detailing the movements of Lee's Army from the time he crossed the Potomac to the night before the Battle of Gettysburg. The writer, Wm. H. Swallow, was formerly Assistant Adjutant-General of the Army of Northern Virginia. He presents some new facts concerning the orders under which General Stuart was marching, and contends that Lee's original plan was to march direct to Harrisburg, where the army was to be concentrated, and it was with this understanding that Stuart separated from his main army, and moved through Hanover toward Carlisle.

PLASTER OF PARIS IN ARRESTING HEMORRHAGES FROM A TOOTH SOCKET.—Dr. C. T. Blackwell reports a case, in the Medical and Surgical Reporter, where, after other means had failed, he succeeded in stopping the hemorrhage from a tooth socket by filling it with plaster of Paris.

COCAINE IN HAY-FEVER.—Dr. S. C. Ayres, in Cincinnati Lancet and Clinic, claims that cocaine will relieve the disease in its early stages or in mild cases, but in the more severe cases it has little or no effect.

NOTWITHSTANDING the fact that Montreal is infested with smallpox, not one of the American colony of bank cashiers now sojourning in that city had, at last account, become infected with the disease.

HYPODERMIC injection of pilocarpine is said to be a sure antidote to poisoning from stramonium or its alkaloid, daturine.

THE American Academy of Medicine will hold its next annual session at New York, on October 28 and 29, 1885.

"IDEAS," says Voltaire, "are like beards. Men have them when they grow up, women never have them."

The Louisville Medical News.

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THE BIOLOGICAL EXAMINATION OF WATER.

The Lancet, of September 26th, comments with enthusiasm upon a scheme for testing the sanitary fitness of water, recently developed through the labors of Dr. Koch, in the *Reichs Gesundheits Amt.*, Berlin. The method seems to have met with high favor in England, the eminent Dr. Percy Frankland having adopted it in his recent study of filtering and precipitating agents, where he has successfully put it to the test. A complete account of the process, by Prof. Warden, of the Calcutta Medical College, has been published in the Chemical News and reprinted in pamphlet form for further distribution.

The system consists essentially in mixing a known volume of water with "sterilized liquid meat peptone gelatin," counting, after a definite period, the colonies of micro-organisms which develop, observing the extent to which they liquefy the gelatin, and, if necessary, cultivating them in various ways. The utmost possible care is of course necessary in these operations, and special apparatus is required. The paper gives full directions and illustrative drawings, and the importance of the system is well illustrated by Prof. Warden, when he reminds us that a drop of a cholera stool added to a liter of pure sterilized water could not be detected by chemical analysis, whereas the bacterio-

logical examination would "with absolute certainty demonstrate the presence of a comma-shaped micro-organism, while subsequent cultivation would indicate whether the organism was the cholera bacillus or not."

This is certainly *pari passu* with modern doctrines regarding the etiology of contagious and infectious diseases, and as means for the sharp differentiation of the various species of pathogenic microbes become known, the testing of the sanitary purity of water by the biological method will advance in scientific value and popularity. It can be undertaken, however, only by the expert micro-biologist who can bring to bear upon his suspected specimens and final cultures every check against accidental contamination; who, at the end of the process, can read his results with a practiced eye and estimate the pathological significance of the crop by experience gained through hard labor in many a similar harvest-field.

Indeed it is doubtful, in the present darkness under which lies the question of the nature of the *materies morbi* of diseases known to be transmissible through drinking-water, if even the most expert micro-biologist could do more than say that a given specimen of water is prolific of microbes, some of which may be inimical to health. The bacillus of cholera may perhaps be expected, but, if so, it only proves the rule.

Now the chemist, inaccurate and unsatisfactory as he knows to be all methods within his reach for the sanitary testing of water, can give an answer quite as satisfactory as this; for, after making all due allowances for leaks in apparatus and inaccuracies in measuring, and discounting his personal equation in estimating by depth of color the amount of albuminoid ammonia down to the third decimal point in fractions of one part per million of the suspected specimen, he can at least say that the water is dirty or clean within or beyond the limit of safety to the drinker. And this testimony, when taken with a view to the surroundings of the water-supply and prevailing zymotic diseases, is of large sanitary significance,

resulting under authority in the sealing up of the sources of many an endemic. But since the work of the chemist upon this point is difficult, harassing, and out of accord with the usual accurate revelations of his methods, there is little doubt that he will be most happy to turn over to his brother scientist his stock and interest in the testing of water for sanitary purposes.

Bibliography.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits; illustrated by numerous cases and engravings. By Wm. Roberts, M.D., F.R.S., F.R.C.P., London; Professor of Medicine at the Victoria University, etc. Assisted by Robert Maguire, M.D., M.R.C.P., London; Physician to Out-Patients, St. Mary's Hospital, London. Fourth edition. Philadelphia: Lea Brothers & Co. 1885.

The new edition of this classic work presents no departure from the author's original plan; but in order that it might embrace the many valuable contributions to urology, which have marked the progress of this branch of science in recent years, it has been made more comprehensive in scope than the older edition, some new chapters being added, while several of the older ones have been entirely rewritten.

Among the new features of the work will be found an able rehandling of the subject of albuminuria, and a most valuable extension of the subject of micro-organisms in the urine. In the first it is interesting to note that the author sets at naught all the many recently vaunted tests for albumen, such as picric acid, potassio-mercuric iodide, sodium tungstate, and his own solution of brine. He claims that these tests are inferior to heat in practical utility, and often misleading in that they precipitate other substances which may be mistaken for albumen. Nitric acid is, in his opinion, the only legitimate confirmatory test, and, when properly handled, it may serve to differentiate between albumen and mucin. In the second several new forms of urinary microbe are duly set forth, among which the micrococcus ureæ, and its place as a factor in the cause and course of pyuria would seem to be of great practical moment.

In testing for sugar the author gives preference to the older, well-tried tests; but speaks a good word for the indigo-carmine

test, and the convenient test papers of Dr. Oliver, which is a useful addition to the physician's chemical armamentarium. It will be a matter of surprise to most practical urologists that he should commend and describe in nearly a page, the almost worthless and very illusive picric-acid test. This test is not only difficult to manage, but in any except the most skillful hands will give color changes which may be taken as indicative of sugar in specimens where none is present.

In the chapter on entozoa in the kidneys, the admirable researches of Bancroft, Manson, and Dr. Stephen Mackenzie, on the relation of the filaria sanguinis to chyluria are incorporated and add materially to the interest of the work.

The work, as a whole, needs no commendation at the hands of the reviewer, since none suits better the needs of the practitioner, or is more popular with the profession at large.

Index Catalogue of the Library of the Surgeon-General's Office, U. S. Army. Vol. VI. Heastie—Insfeldt. Washington. 1885.

No medical scholar is ignorant of this colossal enterprise set on foot and now faithfully carried out by Dr. Billings. Every new volume as it comes to hand reminds one of a highly-wrought ashlar fit to take a place with the others in the monument the medical department of the army is building to its own honor and that of American medicine. In his report Surgeon Billings states that up to this time 64,142 book-titles, 219,154 journal articles, and 4,335 portraits have been published in this catalogue.

This volume, as the title shows, includes but a small part of the alphabet. The space is taken up to a great extent by the much-written subjects of hernia, hip-joint, homeopathy, hydrophobia, hygiene, hospitals, and, greatest of all, insanity, which takes one hundred and sixty pages.

One may find profit from turning its pages for odd minutes, like that he gets from a dictionary, but much perusing will be a weariness to the flesh. It is a great heap from the harvest-field, which is all gathered lest among the mass of chaff some grains of good wheat be lost. We need some stout threshers to get at it—and more, what we are never likely to get, some fans of many horse-power to blow away the chaff forever.

J. W. H.

A Manual of Organic Materia Medica, being a Guide to Materia Medica of the Vegetable and Animal Kingdoms, for the use of Drug-gists, Students, and Physicians. By JOHN M. MAISCH, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Second edition, with 240 illustrations. Philadelphia: Lea Bros. & Co. 1885.

The plan and scope of this work were duly set forth in the *News* on the appearance of the first edition. The fact that a second edition has been called for in the space of about three years is sufficient to show that the book has succeeded as its high merit deserved. No student of medicine or pharmacy can afford to neglect it, and no physician who takes interest in pharmacognosy will fail to add it to his well-selected list of standard works. Among the new features of this edition are a full description of the North American indigenous medicinal plants, and the addition of a large number of accurate and elegant engravings.

The Year Book of Treatment for 1884. A Critical Review for Practitioners of Medicine and Surgery. Philadelphia: Lea Bros. & Co. 1885.

This book is more than a compilation. It is a series of original articles by twenty-three eminent foreign writers upon the therapeutic achievements of the year 1884. In this critical review no new drug or new application of any old medicament has escaped deserved attention.

The work is fully indexed, and a list of all the authors referred to in its pages is also given.

As a working manual for the live physician who wishes to post himself in regard to the nature and proper uses of many of the new medicines and appliances, this book will be highly esteemed. As an earnest of its value, it may be noted that among the contributors to the volume are the names of J. Mitchell Bruce, T. Lauder Brunton, Thomas Bryant, Sidney Coupland, Dyce Duckworth, Reginald Harrison, F. A. Mahomed, Malcolm Morris, A. E. Sansom, J. Knowsley Thornton, and Frederick Treves.

Address of the State Board of Health, and Vital Statistics of the Commonwealth of Pennsylvania to the people of Pennsylvania. Harrisburg: E. K. Meyers, State Printer. 1885.

Vaseline; its History, Uses, and Therapeutical Value; also as a base in official

and other formulas. Chesebrough Manufacturing Company (Consolidated). New York, 24 State Street.

The American Pharmacist. Volume 1, No. x. October, 1885. Published on the 1st of each month. Detroit, Mich: Charles Wright, 15 Jefferson Avenue. Price \$1.00 per year.

The Therapeutics of High Temperature in Young Children. By William Perry Watson, A. M., M. D., Jersey City, N. J., assistant to the chair of Diseases of Children in the New York Polyclinic. Reprinted from the Archives of Pediatrics, September, 1885. Philadelphia: J. E. Potter & Co., 617 Sansom Street.

State Board of Health Bulletin, for the month ending July 31, 1885. Nashville, Tenn.

The State Board of Tennessee proposes in the future to issue each month a bulletin, in which will be given the meteorological reports and interesting sanitary matter, and reports from local health officers and town and county boards.

Fowne's Manual of Chemistry, Theoretical and Practical. A new American, from the twelfth English edition, embodying Watts' "Physical and Inorganic Chemistry." With one hundred and sixty-eight illustrations. Royal 12mo, pp. 1056. Price, cloth, \$2.75, leather, \$3.25. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

Milk Analysis and Infant Feeding; a Practical Treatise on the Examination of Human and Cows' Milk, Cream, Condensed Milk, etc., and Directions as to the Diet of young Infants. By Arthur V. Meigs, M. D., Physician to the Pennsylvania Hospital, and to the Children's Hospital; Fellow of the College of Physicians of Philadelphia, etc. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1885. Cloth: pp. 102. Price, \$1.00. For sale by John P. Morton & Co.

The Science and Art of Midwifery. By William Thompson Lusk, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children, in the Bellevue Hospital Medical College; Consulting Physician to the Maternity Hospital; Gynecologist to the Bellevue Hospital; Fellow of the American Gynecological Society, etc. New edition revised and enlarged, with numerous

illustrations. 8vo, pp. xviii and 763. New York: D. Appleton & Co. 1885. For sale by John P. Morton & Co.

Acne: its Etiology, Pathology, and Treatment; a Practical Treatise, based on the Study of one thousand five hundred cases of Sebaceous Disease. By L. D. Bulkley, A.M., M.D., Physician to the New York Skin and Cancer Hospital; Attending Physician for Skin and Venereal Diseases, at the New York Hospital, Out-Patient Department, etc. 8vo, pp. x and 280. Cloth; price, \$2.00. New York and London: G. P. Putnam's Sons, 27 and 29 W. 23d Street. The Knickerbocker Press. 1885. For sale by John P. Morton & Co.

A Text-Book of Medical Chemistry, for Medical and Pharmaceutical Students and Practitioners. By Elias H. Bartley, M.D., Adjunct Professor of Chemistry, and Lecturer on Diseases of Children, in Long Island College Hospital; Chief Chemist to the Department of Health, city of Brooklyn, N. Y.; Chemist to the New York State Dairy Commission, etc. With forty illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1885. Cloth, 12mo, pp. 376. Price, \$2.50. For sale by John P. Morton & Co.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

Since my arrival in New York City I have seen many interesting cases of skin disease. Among others, two cases of leprosy at the clinic of Dr. George Henry Fox; any one but an expert would have had difficulty in diagnosing these cases correctly. A few macular patches existed on the face and hands of both patients. In one they were anesthetic to only a slight degree; the muscles of the hands atrophied; skin dry, brownish, and wrinkled; fingers crooked and contracted. There was no other deformity, nor did either patient complain of ill health.

The professor considered there had been marked improvement in both cases since he first saw them. The treatment instituted had been nux vomica and chalmogra oil; he believed this treatment the best in all cases of the diseases as seen in this country; it has relieved the symptoms in every

case in which he has tried it. In those cases in which the chalmogra oil had been administered and had failed to relieve the symptoms, he believed it was not so much the fault of the oil as the fact that the patients had not been sufficiently encouraged to hope for relief. Under such circumstances no drug would have been of benefit.

The medical colleges and clinical schools are now all opened for their winter course of instruction, with even a larger attendance than in previous years. Physicians from all parts of the country are coming to New York to attend the Post-Graduate School and Polyclinic, fully realizing the great advantages of their method of instruction, and that the clinical material at the disposal of the schools is unlimited. Twenty-seven physicians have matriculated at the Polyclinic, the majority taking the full course of six months. At the Post-Graduate school twenty have taken the full course. No degrees are conferred, and only graduates in medicine are admitted. The method of instruction is entirely clinical, ample time being given for a thorough personal examination of each case brought before the classes.

There are several graduates of the Louisville Medical Colleges now here. Dr. Thompson, who is attending the clinics on the eye, ear, and throat, and Dr. Howard Vance, who is at present interne at the Hospital for Ruptured and Crippled, the position formerly held by his brother, Dr. Ap Morgan Vance, the well-known orthopedic surgeon of Louisville.

The New York surgeons now use ether in preference to chloroform as an anesthetic. I have not seen a single surgical operation here in which chloroform has been used.

Celloidine is used at the Skin and Cancer Hospital as an application in some affections of the skin. It is considered preferable to the ordinary collodion on account of its superior contractile power. I noticed a beautiful specimen of a four months' fetus in the pathological collection of the Post-Graduate school. The fetus had been rendered perfectly transparent by some method, said to have taken two years to prepare it. A hundred dollars has been offered for the specimen and refused.

Much has been written of late as to the growing evil of free medical service; there are probably over a hundred institutions in this city where free medical attention is given, and where, it is said, a hundred and twenty-five to a hundred and fifty thousand

patients are treated annually. There is no doubt that many of these patients are deserving cases, yet there are probably as many more who could well afford to pay a physician at least a moderate fee; but this class prefer to receive the best medical attention from specialists free of charge, even though it be at the expense of their self respect, and of being classed under the head of paupers. There is no difficulty in procuring physicians for these institutions. There are many reasons why they are willing to do the work; not only for charity, but for the sake of the certain prominence it gives their names, for experience they gain in particular branches of the profession, and in some cases for the sake of the patients they can "pick up," though this is frowned upon by the better class of physicians.

Yesterday I visited the Skin and Cancer Hospital, in East Thirty-Fourth Street. Dr. B. M. Rickets, the house physician, kindly showed me over the building. It is one of the neatest and best kept hospitals I have visited. It is the only institution of the kind in the country, and has been in existence for the last two years. Dr. L. Duncan Bulkley and Dr. George Henry Fox are the visiting physicians, besides a large staff of assistants. There has long been a necessity for such an institution in this city; this may be well appreciated from some of the statements given in the last annual report of the hospital. Paris has the Hospital St. Louis with five or six hundred beds devoted to skin diseases; Vienna has between two and three hundred beds in the General Hospital; London has two Skin Hospitals; Berlin has a skin department in the General Hospital. Institutions of the same kind are in most of the other European cities. It further says, fifteen to twenty thousand new cases of skin disease occur among the poor of this city during each year. In 1881 cancer caused 707 deaths in this city; in 1882 the mortality was 737. From January, 1884, to January, 1885, 1010 cases were treated in the skin department. In the cancer department 100 cases were treated, 55 operations, and only nine deaths. I was much interested in two cases I saw at this hospital. One case was that of pityriasis rubra, an extremely rare skin disease; it is not only a rare disease at any age, but particularly so at the age of this patient, sixteen years. It has existed since 1882, with slight if any improvement during this time. The eruption is general, and of a vivid, red color, as if the patient had been scalded over the en-

tire body. Desquamation of epithelium in the form of flakes is rapid and abundant.

The other case is that of a man about forty years of age, with a number of tubercles scattered over the face. From the history of the case I learn a tubercle existed on the left nipple fourteen years ago. This was removed; six months later the tubercles in the face began to appear; there are now twenty-four of these growths with a deep ulceration of the left cheek, causing ectropion of the eye-lid; there is no family history of cancer. The diagnosis of Dr. G. H. Fox is multiple epithelioma.

J. C. McGUIRE.

NEW YORK, October 6, 1885.

Societies.

CINCINNATI ACADEMY OF MEDICINE.

Stated Meeting, September 28, 1885. President Dr. Samuel Nickles in the chair.

Dr. E. S. McKee made a report of one hundred deliveries. Thirty-nine of these occurred while he was on obstetrical duty at St. Bartholomew's Hospital, London, under Dr. Mathews Duncan, in 1881, and sixty-one while in the Allgemeine Krankenhaus, in Vienna, under Karl Braun, in 1881-82.

The cases were collected and reported in brief from his case-book.

January 24, 1881 he delivered No. 3478, in Karl Braun's clinic. This was near the end of the year, and as there are three such clinics in the Allgemeine Krankenhaus, all of which have about equal numbers of patients, there were considerable more than ten thousand deliveries in the hospital that year. The hour of the commencement of labor was A.M. in sixty-one cases, P.M. in thirty-nine cases, fifty-four in the night, and forty-six in the day. The liquor amnii was discharged on an average of two hours and twenty-five minutes before delivery. In no case were the membranes purposely ruptured; in two cases this was done accidentally. The placenta was expelled on an average of eleven minutes and fifteen seconds. Credé's method of expression was used in almost all of the cases. Average time in labor, thirteen hours and forty minutes. Presentations: vertex of the 1st, eighty-five; vertex of the 2d, seven; vertex of the 3d, one; breech, five; transverse, two. One mother in the last stage

of phthisis never recovered from the delivery. One child was born dead; two, born asphyxiated, were revived, but died. Fifty-three were males, forty-seven females. Fetal heart was listened to in forty cases; in thirty-five the pulsations numbered more than one hundred and thirty per minute; seventeen of these were males, eighteen were females; five cases numbered less than one hundred and thirty; four were males, one a female; primiparæ, fifty-three, multiparæ, forty-seven. Greatest number of children born to one woman, thirteen; eleven multiparæ reported twenty-eight still-births. There were four Irish mothers, one Swede, thirty-four English, eighteen Bohemian, two Hungarian, and forty-one German; forty were married, sixty unmarried; thirty-nine mothers nursed their children, and but two of them suffered from agalactia; the other sixty-one were separated from their children. The forceps were used but three times, once on account of an abbreviated antero-posterior diameter to the extent of one fourth of an inch, and twice to hasten tedious delivery. They were applied once on the after-coming head, but were discarded, being of no service. Lacerations of the perineum to the first degree were not mentioned, being so common, and the notes on this subject being imperfect. Rupture to the second degree occurred in three cases; in two forceps were used, in one there was forcible extraction of the after-coming head; epistomy was done four times; support of the perineum was practiced in sixty-seven cases, including the fifty-three primiparæ; three ruptures to the second degree occurred. In sixty-one cases antiseptic midwifery was practiced to the letter; in thirty-nine no attention was paid to it whatever. These thirty-nine were delivered at their own homes in London; the sixty-one were in the Allgemeine Krankenhause, in Vienna. Two light cases of puerperal fever occurred, and were among the Vienna cases; they both recovered.

Dr. A. G. Drury discussed antiseptic midwifery, and reported a number of cases in which he had not used it—no bad results following. The patients were negroes, residents of the Mill-Creek bottoms, lived in the most filthy manner, and were conscientiously opposed to water in any form.

Dr. W. H. Wenning made mention of the fact that the forceps were made use of but three times in the one hundred cases, which moderation he wished to commend. He also called attention to the fact that in each

of these three cases there occurred a rupture of the perineum. This he considered to be due to the use of the forceps, not that the forceps were improperly used, but that this was the usual result. He recommended more moderation in the use of the forceps, and commended the advice which a distinguished teacher of obstetrics was wont to give to his students, viz., "Leave your forceps at home."

Dr. T. A. Reamy assumed the ground that the rupture of the perineum would have occurred without the use of the forceps. He thought the forceps were used too frequently, but not so much too often as did the previous speaker. Natural labor is not a thing of an hour or two, and the forceps should not be used to complete the labor before a considerable period has elapsed. He thought the forceps should always accompany the physician on his visits to a woman in labor, as it is much easier to take them out of your satchel if needed than to send for them. The latter you can not well do without exciting the suspicions and fears of the patient. The dirt of which Dr. Drury has spoken was not that which brings on puerperal fever. Mud is dirt, but not septic dirt. The doctor's patients lived, dressed, and ate simply, and were not so liable to septic trouble as their more opulent sisters. He declared himself as opposed to the routine antiseptic vaginal injections.

Dr. E. G. Zinke favored the routine postpartum antiseptic vaginal injection. He discussed the signification of the fetal heart pulsations as determining the sex of the child. He thought that in the majority of cases it would do this; it had done so in his experience. He reported an interesting case of precipitate labor.

Dr. McKee, in closing, said he agreed with Dr. Zinke that antiseptic vaginal injections were safe. He had never been sorry for using them; he had sincerely regretted omitting them. As to the fetal heart pulsations determining by their number the sex of the child, he did not think this could be relied on. In thirty-five of the forty cases in which it was heard, the pulsations numbered over one hundred and thirty; seventeen of these were males, eighteen females, almost a tie. In the five cases in which the pulsations were less than one hundred and thirty, four were males, and one a female. He thought the pulsations denoted only the size of the child, the heart of the small child beating faster, that of the larger slower.

He had hoped the discussion would touch

somewhat on epistotomy, which was practiced four times in the one hundred cases. He thought that when the accoucheur was satisfied in his own mind that there was to be a rupture of the perineum, it was well for him to chose the site of the rupture. It is a time for the employment of the best of judgment ripened by great experience. Two children were born in an asphyxiated condition; every effort was made to save them, but to no avail; artificial respiration, hot and cold baths, inflation of the lungs by means of an inflator, and by the mouth-to-mouth process, electricity, and swinging of the child by the feet at arms' length with the head downward were tried. One child was made to breathe, but died after a few respirations. Such was the general experience in the hospital.

Selections.

ALBUMINURIA, ITS CAUSES AND VARIETIES.—Senator, in the *Berliner Med. Wochenschrift*, enumerates the following conditions liable to determine the presence of albumen in appreciable amount in the urine:

Disturbances of the renal circulation. High pressure, if the urine be concentrated, should produce albumen. This condition is actually found to obtain by muscular action, on account of perspiration and loss of fluid by the lungs, and though not so accurately, by elevation of temperature.

Passive hyperemia acts in itself similarly to increased arterial tension, but the distended veins in the medulla of the kidneys press together the urinary tubes, leading to obstruction of the passage of urine and edema of the kidneys. The consequence is:

a. That albumen transudes from the interstitial capillaries into the urinary tubes.

b. The urine exerting pressure upon the glomeruli produces a diminution of pressure from the glomeruli, and leads to a relative increase of excretion of albumen. To this cause of albuminuria is allied that caused by blocking of the urinary tract, manifested when the impediment is removed, or when the obstruction is not complete.

c. The condition of the filtering membrane, as in inflammation, fatty degeneration, and amyloid change. Not only does albuminuria result from an increased permeability, but the degenerated membranes and epithelium themselves appear in the urine as albumens, and this may explain

the fact that in the urine albumens may have a different relation to each other from what exists in the blood. The substance of the epithelium appears to contain a body intimately allied with globulin.

d. The composition of the blood may cause the appearance of albumen, *e. g.*, from an excess of nutriment, from increased dissolution of albumen, or from excessive secretion of water elsewhere, etc. It is held by Rosenbach, that the composition of the blood is constantly regulated by the action of the kidneys, and that inassimilable albumen is excreted by the kidneys. Albuminuria not caused by inflammation this author designates as "regulatory." His idea, though important, is not free from objections.

Finally, as Stokvis and Lehman have pointed out, the excretion of albumen can act injuriously on the kidneys.

e. Mention has already been made of the influence of temperature in connection with changes of pressure.

The author further remarks that the forms of albuminuria may be clinically divided into two classes, pathological and physiological, although no exact line of demarkation distinguishes them. Among physiological albuminurias may be mentioned that of the new-born, which is probably due to the suddenly increased pressure in the glomeruli, taken in connection with the probably increased destruction of the blood-corpuscles.

Albuminuria can exist in a healthy man for years without any sign of ill-health, and then cease.

Fürbringer, too, has found this condition in children, in whom chronic nephritis is very rare.

The author, in this connection, alludes to the albuminuria due to mental perturbation and to that caused by cold baths.

Pathological albuminuria includes the following:

1. That present in non-febrile diseases, in which the composition of the blood is specially concerned, and in which the kidneys do not participate to any extent; in anemia, leukemia, and pseudo-leukemia; in scurvy, in icterus, and in certain cases of diabetes. Nothing is found in the urine indicative of renal disease.

2. Albuminuria in non-febrile nervous diseases, in epileptic seizures, delirium tremens, cerebral apoplexy, neurasthenia, migraine, Basedow's disease, etc., and allowing for other existing causes, numerous

cases exist where the albuminuria is traceable only to the nervous condition.

3. Febrile albuminuria. In this condition there is a combination of favoring causes, such as high temperature, febrile changes in the circulation and in the composition of the blood, with consequent disturbance of the nutrition of the kidneys, and, lastly, concentration of urine.

4. Albuminuria is passive hyperemia.

5. That due to blocking of the urine.

6. The albuminuria of pregnancy due to various causes, disturbance of the lesser circulation, passive hyperemia due to abdominal pressure on the vessels, and constriction of the ureters.

7. That due to diffuse inflammation and degeneration of the kidneys (acute nephritis, subacute, chronic and amyloid degeneration).

8. That depending on circumscribed affections of the kidneys, such as infarcts, abscesses, and tumors.

In conclusion, the author insists on the necessity of constantly remembering that the treatment of each individual case of albuminuria varies with the exciting cause.

CESAREAN SECTION IN CENTRAL AFRICA.

In a recent article on the postures adopted by women in labor in Central Africa Dr. Breitmann gives a most interesting account of the operation of cesarean section, as witnessed by Dr. R. W. Felkin at Kaeura. The case was that of a very handsome young negro woman, a healthy primipara, aged twenty years. He entered the hut just at the commencement of the operation, but was not permitted to convince himself of the condition of affairs by examination. By the side of the half-intoxicated patient stood a quantity of banana wine. A bandage of mbugu, a stiff material made from the bark of a tree, went over the breast and bound the patient firmly to the bed, another passed over the thighs; an assistant held fast the feet, and another, standing on the right side, held the skin of the abdomen on the stretch. The operator, holding aloft a knife, muttered a prayer. After the completion of the operation of the ceremony he thoroughly washed the abdomen of the woman and his own hands with banana wine, uttering a piercing cry, which was repeated by those standing without, and made an incision from the pubes almost to the umbilicus, and right into the uterus, so that the liquor amnii gushed out. Some bleeding vessels were successfully touched with the actual

cautery. The operator quickly extracted the child, while a second assistant drew the edges of the uterine wound apart and compressed them. After division of the umbilical cord the child was handed to the woman, the operator laid aside the knife, grasped the uterus and compressed it with both his hands with all his might. He then dilated the cervix with two or three fingers, removed the placenta, while the assistants were busied in arranging the intestines, and especially in preventing any portion getting between the edges of the wound. What bleeding still continued was stopped by the actual cautery, while the operator still compressed the uterus until it was firmly contracted. No sutures were inserted. The assistant who had before held the abdominal wall on the stretch grasped the angle of the wound, and the whole wound was covered with an herb pad. The bandages were now loosened, the assistant grasped the patient by the arms and turned her over into a position in which the fluid in the abdominal cavity flowed out. She was then brought back into the former position, the herb covering was removed, the edges of the wound was carefully adjusted and fixed with well-polished needles, similar to acupuncture needles, and made fast by an encircling thread. A paste, prepared from two different roots, by chewing, was laid over the wound in the place of plaster, over this a previously warmed banana leaf, and the whole fastened on with mbugu bandage. Up to the moment when the needles were inserted the patient had evinced no expression of pain, and an hour after the operation was in good spirits. The temperature did not rise above 37.5° , except during the first night, when it reached 39° . Pulse, 108.

Two hours after the operation the child was put to the breast, but after about ten days, as the milk stopped, it was fed by another woman of the tribe. The first change of dressing was made on the third day, a needle was removed, then more followed on the fifth and the remainder on the sixth. At every change of dressing fresh "ointment" was put on, and the secretion from the wound removed with a tampon charged with it. The dressing was solid, and in nine days after the operation the wound was healed and the patient quite well. Beyond the interest which naturally attaches to a case of this nature, it is heightened in the present instance by the quaint native proceedings and decidedly civilized method employed by the chief operator.—*Med. Review.*

ULCERATION OF THE BOWELS IN YOUNG INFANTS.—It can not, I think, be questioned that a speedier and more accurate information as regards the effect of remedies may often be gained from the study of chronic than of acute disease, inasmuch as the same symptoms are apt to recur again and again, and the same remedies can be put to oft-repeated tests. The following case, which I have ventured to report, has given me an amount of information it might otherwise have taken years to obtain, and possibly it may prove of service to others. According to the mother's statement the child in question had been given up by more than one physician, and I must say myself it was one of the worst cases I have ever seen recover. The little one was two years and eight months old, a perfect skeleton and quite unable to sit up. She had a sallow, waxy appearance, without a particle of color about her face except a slight hectic flush on her cheeks. Was sick whenever she took food, which consisted entirely of milk and lime-water. Bowels moved about every four hours and the smell was perfectly unbearable. The stools consisted almost entirely of slime and pus, streaked with blood, and adhering to the bottom of the chamber vessel even when it was held upside down. The stomach was slightly distended and tender. The previous history was as follows: She was always rather sick from birth, but was worse after she was one year old. Had an attack of diarrhea at eight months, and urine was discolored (so the nurse says) with blood. She has always been troubled with diarrhea on and off since. The stools were at first very large in quantity and semi-solid but not slimy. When the diarrhea was at its worst, the actions occurred about every two hours. The stomach was always more or less tender and distended. At twelve months old she had pains in the joints, and one knee had to be put up in a splint; both legs were much swollen. The father had had syphilis before his marriage, but was said to be perfectly well when this took place. The child was nursed for about four months, but occasionally had a bottle of Swiss milk. The indications for treatment appeared to me to give a light and easily digestible food, moreover one which after digestion would leave as little waste material as possible, to soothe the irritation of the bowels, and to improve the condition of the blood. I ordered two tablespoonfuls of whey, and one tablespoonful of cream to be taken at

each feeding, and in the course of twenty-four hours I found she managed to dispose of $\frac{1}{2}$ a pint of barley-water, $\frac{1}{2}$ a pint of whey, $\frac{1}{4}$ of a pint of cream, together with, later on, $1\frac{1}{2}$ ounces of milk. She also took in twenty-four hours the white of four eggs beaten up in water, four teaspoonfuls of Brand's liquid essence of beef, and two ounces of finely-minced raw meat. I ordered the body to be thoroughly oiled night and morning, the loins and stomach to be kept warm with a flannel bandage, and the feet to be well wrapped up. In order to alter the character and frequency of the secretions, I gave three times daily a mixture consisting of the following: one minim solution of potash; eight minims castor oil; three fourths of a minim tincture opium; twenty minims syrup ginger, and one half a dram mucilage. Then when the pus and slime began to pass away and the bowels appeared simply relaxed, I gave two grains bicarbonate soda; three grains subcarbonate bismuth; one half a minim tincture opium; five minims tincture catechu; two minims tincture rhubarb; five minims compound tincture cardamoms with a little syrup and mucilage every four hours. Next, in order to improve the condition of the blood, as soon as the secretions began to improve, I ordered ten minims of the concentrated syrup of the lactophosphate of phosphate of lime and iron to be given in water three times daily. The child was ordered from the start to get plenty of fresh air, provided it was dry, and the rooms in which the child lived and slept were requested to be kept dry, and at the same time thoroughly clean and ventilated. In the course of about one and a half years the child under this treatment made a good recovery, and was able to run about by herself and eat the same as any other child. The vomiting ceased almost entirely from the time that the milk was given up. Whenever the secretions became purulent and slimy the castor oil and laudanum mixture was resorted to, and the carminative and astringent one when the bowels were simply a little relaxed. The castor oil and laudanum were successful in altering the character of the secretions, not simply once or twice, but on several occasions, and I have applied it since in other cases with uniform success. As regards the lactophosphates, I can not speak too highly of them in aiding the subsequent recovery. As Dr. Dusart states, they act as general excitants of all the nutritive functions, insure diges-

tion, bring back or increase the appetite, and generally improve the vital energies.—*Practitioner.*

THE LIMITATIONS OF COLOTOMY IN DISEASE OF THE RECTUM.—Dr. Charles B. Kelsey, in an elaborate paper in the October issue of the American Journal of the Medical Sciences, defines the following as the indications for colotomy:

1. In congenital malformations of rectum or anus in children in which a tentative operation in the perineum has failed to reach the rectal pouch.

2. In intestino-vesical fistulæ.

3. In tumors occluding the rectum which can not be relieved by any other means—dilatation, division, hot water, or electrolysis.

4. In non-cancerous, simple or specific stricture and ulceration of the rectum (with or without fistulæ), where the disease can not be relieved by proctotomy or dilatation, or division of the fistulæ and local treatment of the ulceration.

5. In cancer where the disease can neither be removed nor the passage re-established, and where death is probable from obstruction—except in cases where the immediate dangers of the operation more than counterbalance any good likely to be gained by it.

6. In volvulus or intussusception of the colon or sigmoid flexure, where reduction by the aid of laparotomy has been found impossible.

TWO CASES OF HERPES WITH MOTOR PARALYSIS.—Dr. G. Waller communicates to the *Weekblad*, of Amsterdam, notes of two cases of herpes in which motor nerves were affected. A widow woman, aged sixty-eight, had a painful patch of herpes, covering the whole of the right side of the face, stopping abruptly at the middle line. After some weeks the herpetic spots and the pain disappeared, being, however, replaced by paralysis of the same side of the face, with loss of taste on the right half of the tongue. The other case was that of an old man, who had a herpetic eruption situated on the anterior aspect of the upper arm on the right side; this was accompanied with severe itching and a pricking sensation. Eight days after the appearance of the eruption he found himself unable to raise or extend the arm. There was no pain or swelling in the muscles or joints, and the electric reactions were normal.

The herpes and the paralysis both indicated the circumflex and musculo-cutaneous as being the nerves affected. The treatment was electrical, and brought the case to a successful termination.—*British Med. Jour.*

ALVELOZ, THE NEW CANCER CURE.—The Paris correspondent of the *British Medical Journal* says that M. Landowsky has carefully studied the Brazilian plant called by the natives alveloz, and believed by them to cure cancer. M. Landowsky believes this plant to be an euphorbia, discovered by Martin and described by Muller under the name of *Euphorbil heterodoxa*. A preparation of its juice possesses the combined properties of a caustic and a papaine. It promptly destroys the affected tissues layer by layer. At Pernambuco, after it has been well painted on the tumor, it is covered with a tobacco leaf. M. Landowsky, in his communication at the Grenoble Congress, stated that, after applying it, he places over it a sublimate of vaseline and borax dressing.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from October 4, 1885, to October 10, 1885:

Captain Daniel Weisel, Assistant Surgeon, to be relieved from duty at Camp at Rock Springs, Wyoming, and to return to his proper station, Fort Fred Steele, Wyoming. (S. O. 99, Dept. Platte, October 1, 1885.) *Captain Geo. W. Adair*, Assistant Surgeon, leave of absence extended one month. (S. O. 232, A. G. O., October 9, 1885.) *Captain Victor Biart*, Assistant Surgeon, sick leave of absence further extended six months, on surgeon's certificate of disability. (S. O. 227, A. G. O., October 3, 1885.) *First Lieutenant G. E. Bushnell*, Assistant Surgeon, granted leave of absence for one month. (S. O. 215, Dept. East, October 6, 1885.) *First Lieutenant Wm. Stephenson*, Assistant Surgeon, relieved from duty at Fort Niobrara, Nebraska, and ordered for duty at Camp at Rock Springs, Wyoming. (S. O. 99, Dept. Platte, October 1, 1885.) *First Lieutenant A. R. Chapin*, Assistant Surgeon, leave of absence extended one month. (S. O. 230, A. G. O., October 7, 1885.)

MARINE MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended October 10, 1885.

Bailhache, P. H., Surgeon, to proceed to Tuckerton, N. J., as Inspector. October 7, 1885. *Austin, H. W.*, Surgeon, to proceed to Albany, N. Y., on special duty. October 6, 1885. *Gassaway, J. M.*, Surgeon, to examine surfmen at Ellsworth, Maine, and other ports of First District Life Saving Service. October 9, 1885.

THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, OCTOBER 24, 1885.

Original.

LEPROSY IN LOUISIANA.*

BY D. T. SMITH, M. D.

The appearance of leprosy in various parts of the United States in recent years has invested the subject with an interest for our people it did not formerly possess.

Twenty years ago the disease had seldom been seen within the limits of the United States, except on the narrow tongue of land that extends along the banks of the La Fourche into the dreary waste of swamp and water that constitutes the sea-marsh of Louisiana. To-day we hear of it in Chicago and in New York. It is not rare in San Francisco among the Chinese, while the Scandinavians have carried it to various parts of the far Northwest.

From the famous little colony of lepers who for generations have dwelt on the banks of the La Fourche, and who are believed to have carried the disease from Canada at the time of the expulsion of the Acadians, leprosy has extended, with an abundance that deserves attention, to the city of New Orleans and its suburbs as well as to other points in lower Louisiana. And, judging from the results of my own observation, I am much inclined to believe that there exist many cases in different parts of the country, whose diagnosis has either not been made out, or is still so uncertain that the cases have not been reported. In nearly every case I have met a diagnosis of syphilis had been made, and the patient subjected—some of them more than once—to a course of treatment for that disease.

In the neighborhood of New Orleans, on the right bank of the Mississippi, there are at this time four well-marked cases of leprosy. Another has died within the last year,

and still another removed to Texas. Within the city I have been credibly informed that there are a number of cases, but I do not know how many.

To the case which has terminated fatally quite a degree of interest attaches from its relation to the question of contagiousness; as it would hardly be possible for a community to be exposed to whatever of contagion there is in the disease to a greater degree than was manifested in this case. The patient was a dark mulatto, the child of mulatto parents, both of whom are yet living and healthy, and was born on the river bank just opposite the city. Until about ten years ago, when the disease appeared, he had never been away from the neighborhood except for a short distance up the river. He had never to his knowledge seen a case of leprosy. At that time, after some headache and sharp neuralgic pains, mostly in the back, he noticed tubercles appearing over his feet and hands and face, and at the same time a loss of feeling in the extremities. He grew better and worse by turns, the disease, however, proceeding steadily to a fatal termination as a typical case of tubercular leprosy. At the time of his death the ulcerated tubercles seemed to cover almost the entire exposed surface of his body, and he was almost voiceless from the affection of the mucous membrane of the pharynx and larynx. For long after his leprosy began to develop he experienced no impairment of virility, and had during that time maintained the marriage relation, after the manner of Louisiana negroes, with four different women, by some of whom he had children; and yet in none of them, either widows or children, has the disease appeared. Up to within six or eight months of his death, when he was already hideous from ulcerations, he was accustomed to work with gangs of longshoremen along the river, and to mingle in the community as any other citizen. Yet, as far as I know, no other case

*Read before the Louisville Medical Society, September 24, 1885.

of the disease has developed among the negroes who associated with him. Whether the slow-working germs of the disease are not preparing an unpleasant surprise remains to be disclosed by the future.

The case referred to as having removed to Texas, was that of a white woman about fifty years of age, born of German parents, near the French Market in New Orleans. She had never been out of the neighborhood of the city before the first appearance of the disease, now about five years since. The evidences of the disease at the time I first saw her were persistent neuralgic pains of the head and back, not markedly severe, and the formation of tubercles over different parts of the body from a line to half an inch or more in diameter. These had disappeared, however, and were evidenced only by coextensive dark stains. The eyebrows were gone and the leonine thickening of the superciliary ridge had begun. But the feature that clinched the diagnosis to my mind was the ever present anesthesia of the spinal nerves. This woman had been already many times under treatment, and as far as I could learn invariably for syphilis, which she certainly did not have. Still the case was obscure, the disease was not very well marked and was advancing very slowly. When I last heard from her she thought she was getting better.

The two cases at Bouths' station, on the L. and T. Railroad, I have not seen. I have been informed by trustworthy parties that one of them has suffered the amputation of a hand and the fingers of the other as the result of the disease.

The two remaining cases are so much alike that they might be described as one. They are both men of middle age, one of them born in Algiers, of German parents, and the other an emigrant at an early age from Germany. Both are typical cases of tubercular leprosy. They began with maculæ or blotches on the face, hands, and feet, with the skin flushed as from excessive drink, then to the maculæ succeeded tubercles from an inch in diameter downward. There is thickening of the skin of the forehead and ears, but as yet no notable loss of hair. Ulceration in the tubercles of one is a marked feature, and in the other it has well commenced. In both there has been all along anesthesia, in one dull, and in the other such as comes from long pressure on a nerve, with itching and great uneasiness. A few days before I last saw him a friend, who was sitting at the beer-table with him, play-

fully slapped him with the open hand upon the knee. The shock was so great that he declared to me it was with the greatest effort he had restrained himself from falling to the floor. The wives of both these patients have borne them children within the last twelve months. Each of them has several children, and all fairly healthy. One of them is a grocery merchant and the other a baker doing a thrifty business. And so it will be seen that if the contagiousness of leprosy has not been already sufficiently tested in that community, it must be in the near future. I believe the foregoing embrace all the interesting points in these cases that are peculiar.

As to treatment, these also had had in the beginning syphilitic remedies. My own prescription was arsenic and nux vomica, and iron in moderate doses, but without any hope. One patent medicine after another was resorted to, and, having nothing better to give, I could not discourage it.

In regard to the question of contagion I have given the facts and need not enlarge on them. The disease may be endemic, as held by Wilson and many others, but I can not but regard it as also contagious. If contagious, the vitality of the germ seems to be entirely too stubborn to consist of Beale's bioplasm, and it is one of those instances in which I would be most nearly ready to recognize as a cause some form of bacteria.

NOTE.—Since reading the above, I have received the October number of the New Orleans Medical and Surgical Journal, containing a communication from my friend Dr. David Jamison, Assistant Surgeon in charge of the Charity Hospital, reporting five cases of leprosy in children admitted to that institution during the current year up to date. Taking into consideration the fact that these were all children between seven and fourteen years, and that not more than four and a half per cent of the population of the city are treated during the year at the Charity Hospital, the report is not without serious meaning.

LOUISVILLE, KY.

INTERNATIONAL CONGRESS.—The *Centralblatt für Augenhielkunde* says that the success of the International Congress is unfortunately in doubt. The American Medical Association has deposed the executive committee and sought to substitute another. We hope that this difficulty among the American doctors will soon be settled peaceably. The ophthalmologists of Europe would hardly feel inclined to attend a Congress with Knapp, Agnew, and others left out.

Miscellany.

THE INTERNATIONAL MEDICAL CONGRESS. The Congress Committee of the American Medical Association met on September 3d, last, to "repair the damages" caused by the wholesale refusals to accept office on the part of the eminent physicians elected to this end, and the result has been so much of a makeshift patchwork arrangement as could be accomplished under the circumstances. Meanwhile, however, resignations come merrily in, and before long the executive of the Congress will comprise an assembly of American practitioners with whose names, save for a very few exceptions, all ranks of the profession in Europe, and the majority of medical men in the States, will first make acquaintance as those of office-bearers under the patronage of the self-elected committee of management. It is thus apparent that all the good advice given to this last named body has been uttered in vain, and that it is obstinately bent on acquiring for America the unenviable reputation of being the only country in which it has been found impossible to hold an international congress of physicians and surgeons. Such an unfortunate ending to what at the outset seemed to bear promise of eventuating in a brilliant success, is greatly to be regretted; and we deeply sympathize with the disgust and chagrin that is naturally felt by the representative heads of the profession in America. The prospects of a transatlantic congress must now be regarded as entirely hopeless, and we presume that early steps will be taken to arrange for the 1887 meeting to take place in some country where science reigns superior to party passion and petty jealousy; and the sooner the matter is taken in hand the better it will be for all parties.—*Medical Press and Circular*.

MORE RESIGNATIONS.—Dr. Henry I. Bowditch, of Boston, and Dr. Henry F. Campbell, of Augusta, Ga., have declined the Vice-Presidency of the Congress. Dr. E. O. Shakespeare, of Philadelphia, has resigned the Presidency of the Section of Pathology; Dr. J. M. Flint, U. S. N., the Council of the Section on Practical and Experimental Therapeutics; Dr. J. N. Kidder, of Washington, Council of Section on Public and International Hygiene; Dr. Henry G. Beyer, U. S. N., and Dr. J. J. Mason, Newport, R. I., Council of Section on Physiology.

INDUCTION OF PREMATURE LABOR BY ELECTRICITY.—Dr. J. Syromatnikov, writing, in the *Vrach*, on the induction of premature labor by means of electricity, mentions three methods: the external, where one electrode is placed on the sacral region, and the other over the uterus; the internal, in which both electrodes are introduced *per vaginam*; and the combined, where both the former methods are made use of. In the principal, the author prefers the internal method, but, in the case which he gives, he made use of both external and internal methods. The patient was twenty-six years of age, and had so contracted a pelvis that perforation had been resorted to in her first labor; so the author, thinking it unsafe to allow her next pregnancy to run its natural course, proceeded, in the thirty-seventh week, to bring on labor by the use of the primary coil of a Sparker's induction apparatus, with a single element. This produced pains in an hour's time; during the next few days the electricity was employed for ten minutes at a time twice daily. Within a week the os uteri was sufficiently dilated to permit of the introduction of the No. 1 size of Barnes's bags. Podolic version was performed, and a living healthy child extracted. The patient recovered satisfactorily. The author thinks faradization is but seldom used for the induction of labor, but he mentions three cases previous to his own, two by Gruenewaldt, and one by Tipyakoff.—*British Medical Journal*.

SYPHILIS AS A FACTOR IN EAR DISEASE.—In a paper presented to the Section on Otolgoy of the British Medical Association (*British Med. Journal*), Mr. Edward Woakes draws attention to syphilis both as an origination and modifier of ear disease. He says that in cases where there is a persistent otorrhea, proper treatment, however, having been instituted, the persistence is caused by a limited spot of caries, and the sulphurous acid treatment will eradicate it. If the caries is syphilitic, the acid treatment has no effect. The lesion in these cases is symmetrical, that is, there is a corresponding lesion in both ears. Constitutional treatment, complete cleanliness, and insufflation of iodoform is the treatment to be instituted in these cases.

THE AMERICAN ACADEMY OF MEDICINE. (Ninth Annual Meeting.) The sessions will be held at the New York Academy of Medicine, No. 12 W. Thirty-first Street,

New York, on Wednesday and Thursday, October 28 and 29, 1885.

An address on "What is Medicine?" will be delivered by the President, Albert L. Gihon, A. M., M. D., of the United States Navy. The programme calls for the following papers:

"The Study of Medicine as a Means of Education." By Robert Lowry Sibbet, A. M., M. D., of Carlisle, Pa.

"Medical Supervision in Student Life." By Charles McIntire, jr., A. M., M. D., of Easton, Pa.

"Western North Carolina as a Health Resort." By Henry O. Marcy, A. M., M. D., of Boston, Mass.

"The Importance of Climatology Considered as a Regular Branch of Study in Medical Colleges." By E. H. M. Sell, A. M., M. D., of New York.

"Medical Evidence." By Thomas J. Turner, A. M., M. D., Ph. D., Medical Director United States Navy.

"Report on Laws Regulating the Practice of Medicine in the United States and Canada." By Richard J. Dunglison, A. M., M. D., of Philadelphia, Pa., and Henry O. Marcy, A. M., M. D., of Boston, Mass.

"Health Officers, Ancient and Modern." By Benj. Lee, A. M., M. D., Secretary of the State Board of Health of Pennsylvania.

"Micro-organisms and their Relation to Disease." By Samuel N. Nelson, A. B., M. D., of Cambridge, Mass.

"Observations on the Relation of Bacteria to Certain Puerperal Inflammations." By Ernest W. Cushing, A. B., M. D., of Boston, Mass.

"Medical Licenses and Medical Honors." By Edward Jackson, A. M., M. D., of Philadelphia, Pa.

"The Physician and his Patient." By John D. Kelly, A. M., M. D., of Utica, N. Y.

"Physicians of Delaware in the Eighteenth Century." By Lewis P. Bush, A. M., M. D., of Wilmington, Del.

QUARANTINE AGAINST SMALLPOX.—In view of the alarming prevalence of smallpox in Montreal and other places in the Dominion of Canada, Surgeon-General Hamilton, with the approval of the President of the United States, gives the following instructions to the "medical officers of the Marine Hospital service, customs officers, and others concerned":

1. Until further orders, all vessels arriving from ports in Canada, and trains of cars and other vehicles crossing the border-line, must be examined

by a medical inspector of the Marine Hospital Service before they will be allowed to enter the United States, unless provision shall have been made by State or municipal quarantine laws and regulations for such examination.

2. All persons arriving from Canada by rail or otherwise must be examined by such medical inspector before they will be allowed to enter the United States, unless provision has been made for such examination as aforesaid.

3. All persons coming from infected districts, not giving satisfactory evidence of protection against smallpox, will be prohibited from proceeding into the United States until after such period as the medical inspector, the local quarantine, or any other sanitary officer duly authorized, may direct.

4. The inspectors will vaccinate all unprotected persons who desire or are willing to submit to vaccination free of charge. Any such person refusing to be vaccinated shall be prevented from entering the United States.

5. All baggage, clothing, and other effects, and articles of merchandise, coming from infected districts, and liable to carry infection, or suspected of being infected, will be subjected to thorough disinfection.

6. All persons showing evidence of having had smallpox or varioloid, or who exhibit a well-defined mark of recent vaccination, may be considered protected, but the wearing-apparel and baggage of such protected persons who may come from infected districts, or have been exposed to infection, will be subjected to thorough disinfection, as above provided.

7. Customs officers and United States medical inspectors will consult and act in conjunction with authorized State and local health authorities so far as may be practicable, and unnecessary detention of trains or other vehicles, persons, animals, baggage, or merchandise, will be avoided so far as may be consistent with the prevention of the introduction of diseases dangerous to the public health into the United States.

8. Inspectors will make full weekly reports of services performed under this regulation.

9. As provided in section 5 of said act, all quarantine officers or agents acting under any State or municipal system, upon the application of the respective State or municipal authorities, are empowered to enforce the provisions of these regulations, and are hereby authorized to prevent the entrance into the United States of any vessel or vehicle, person, merchandise, or animals prohibited under the act aforesaid.

10. In the enforcement of these regulations there shall be no interference with any quarantine laws or regulations existing under or to be provided for by any State or municipal authority.

PEPTOGENIC MILK POWDER.—Dr. S. A. Davis, President of the New York Infant Asylum, in a letter under date of July 11, 1885, says of this preparation: "We use it daily at present, and have full confidence in its excellence. It has been and is being used in the most discouraging cases of impaired nutrition as a test, and has not yet failed."

A NEW HEMOSTATIC.—On observing accidentally the apparent hemostatic action of an infusion of nettle (*Urtica dioica*), Dr. C. G. Rothe, of Altenburg, prepared a tincture of the plant. The young plants were collected in the spring, with their stalks, leaves, and flowers, and digested for a week in alcohol 60°. Applied to wounds on pledges of lint, etc., it quickly arrested bleeding, particularly that from the parenchyma and the smaller vessels. On contact the blood becomes changed into a soft but tenacious, not crumbly, clot. He considers it far superior to the liq. ferr. perchl. which he had always employed before. A reliable hemostatic *minus* the corrosive properties of ferr. perchl. would be very welcome.—*Medical Press and Circular*.

ELECTROLIZATION: A NEW METHOD OF ADMINISTERING MEDICINES.—At the session of the Academy of Medicine, of Paris, of the 22d of September, ultimo, Dr. Broudel, of Algeria, communicated a report on the introduction of certain medicines into the economy by means of electricity. If a current is made to pass through a solution of a salt, the salt is decomposed; the metal gathers at the negative pole, and the metalloid in certain salts or the acid proceeds to the positive pole. This operation Dr. Broudel has succeeded in accomplishing through the organism, and has given it the name of electrolization.

For iodine, which is a metalloid very easily dielectrolizable, he applies over one part of the body a plate of amadon steeped in a solution of iodide of potassium, and over this plate the negative pole of a pile whose positive pole is placed on another part of the body. The iodine is separated from the potassium which remains at the negative pole, and is eliminated through the organic tissues toward the positive pole, where it arrives very rapidly, as may be verified by means of a starched paper, which it turns blue.

A large number of simple bodies will be enabled thus to traverse the economy, and the applications of the new method may be very numerous and very important. Dr. Broudel has by this means cured uterine fibromas, a case of perimetritis, a rheumatic ovarian neuralgia, and several cases of chronic rheumatism.—*Le Progres Medical*.

THE *Centralblatt für Augenheilkunde* says that Prof. von Helmholtz is engaged in preparing a bibliography for insertion in the

second edition of his Hand-book of Physiological Optics. It is respectfully requested of all who have labored in this field to send bibliographic information of their physiological investigations in optics, or monographs published within the last twenty years; especially is this requested if the articles have been published in journals other than those devoted to physiological or ophthalmological matter to Dr. Arthur Koenig, Docent to the University of Berlin, No. 16 Neue Wilhelm Strasse, Berlin.

INTRAPULMONARY INJECTIONS OF BICHLORIDE OF MERCURY IN PNEUMONIA.—The Paris correspondent of the British Medical Journal says that M. Lépine, Professor at the Faculty of Medicine, in a memoir presented to the Académie des Sciences by M. Marey, states that intrapulmonary injection of a solution of bichloride of mercury in pneumonia arrests the progress of the malady and suppresses the ronchi almost instantaneously. Dr. Truck, a pupil of M. Lépine's, has obtained important results by locally treating cases of tuberculous phthisis according to this method.

WE are informed by the New York Medical Journal, that Dr. Wm. Lee, who, from the beginning has been assistant editor of the Journal of the American Medical Association, has been dismissed by the editor. Dr. Lee was an appointee of the original International Congress Committee, but resigned after the Chicago meeting of the new committee.

INOCULATION FOR HYDROPHOBIA.—M. Pasteur is said to have produced a safe attenuated rabic virus, and will organize a system for the protection of animals. It is hoped that by the application of M. Pasteur's inoculations to animals the necessity of employing it in the human subject may soon cease to exist.—*Medical Press and Circular*.

DR. WM. H. COGGESHALL, one of the editors of the Virginia Medical Monthly, died in Richmond, Va., September 7th, of tetanus. Dr. Landon B. Edwards will in the future have complete control of the Monthly, which is one of our most valuable exchanges.

DR. E. M. SNOW, of Providence, R. I., has been requested by the authorities of Montreal to take charge of the smallpox epidemic in that city.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

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CONTAGION IN THE CUP.

“And if a man

Could touch it he was healed at once,
By faith, of all his ills; but then the times
Grew to such evil that the holy cup
Was caught away to Heaven and disappeared.”

From time to time, in the memory of the middle-aged physician, the question of the chances of contracting disease through the medium of the cup at the holy communion has been broached by the sanitarian, and commented on by the medical press, but in a manner apparently incommensurate with its hygienic importance.

It is clear that a topic like this will prove both delicate and difficult in the handling, and that he who ventures to submit it to the rigid methods of scientific investigation must do so at the risk of wounding the tender sensibilities of gentler religious souls, and bringing down upon his own head the maledictions of sterner devotees.

In two recent issues of the London Lancet the question is again brought up for discussion by two suggestive scraps of correspondence.

We quote as follows:

Apropos of your remarks on infected creams* in your last issue, a question has occurred to me, Are we not running a similar risk—though perhaps a less one—in the present mode of administering the holy communion? Is the slight turn of the cup which communicants may be observed to make not indicative of a suspicion of danger in the public mind? Might not a gentle wiping of the rim of the cup, by means of a clean, white napkin, be introduced?—*Medical Officer of Health, London Lancet, Sept. 26th.*

I can fully indorse the remarks of “Medical Officer of Health,” which appeared in your issue of the 26th ult. . . . The last time that my wife and I partook of the sacred ordinance we both noticed among the communicants a young footman in livery. Very shortly afterward I received incontestible evidence that this same young man was suffering from gonorrhea and acute orchitis. Had it been mucous patches about the mouth and throat instead it would have been all the same, as to this class of patient a scalding of the urethra and swelling of the testicle would be of far more serious import than a few slight sores about the mouth.—*J. H. N., London Lancet, Oct. 10th.*

Of the first communication it may be said that it merely hints at the danger, and suggests an insufficient remedy.

The second comes closer home, through the case cited, and springs upon the reflective mind a problem in church hygienics far more serious and difficult than any that has so far come up for solution. For if specifically diseased persons be sometimes admitted to the table of the Lord (and there are no practicable means by which they may be detected and barred), the sound in body should, in all reason, be held from the slightest risk of contracting syphilis from such as may have upon their lips or tongues the characteristic marks of the disease.

Syphilis ignorans among the most chaste of persons is by no means of rare observation in our large cities; is the sacred cup in any measure responsible for this affliction upon the innocent of a disease engendered by licentiousness and crime? If so, the remedy is adequate and close at hand, and the churches should administer it without delay.

*Referring to the practice of London street ice-cream venders, who serve the confection to the boys and girls (their principal customers) with glasses and spoons, which are passed from hand to hand or mouth to mouth without being wiped or washed.

Bibliography.

Excision of Cancer of the Rectum. By George J. Cook, formerly Professor of Anatomy in the Kentucky School of Medicine. Read before the Indiana State Medical Society, May 13, 1885. Reprint.

Accident News. Vol. 1, No. 6, New York, October, 1885. Published monthly by the United States Mutual Accident Association. Subscription price, fifty cents per annum. Sample copies sent post-paid on application.

The Essentials of Histology, Descriptive and Practical, for the use of Students. By E. A. Schäfer, F. R. S., Jodrell Professor of Physiology in University College, London; Editor of the Histological portion of Quain's Anatomy. 281 illustrations. 8vo, pp. viii and 245. Cloth; price, \$2.25. Philadelphia: Lea Brothers & Co. 1885.

Johnston's Journal, October 17, 1885. Published at 9 Murray Street, New York, every other week. It has sixteen pages, size of Puck and Life, and costs only five cents a number, or \$1 a year. This journal is devoted to literature, art, and science. The articles of the number before us are of high merit, and the illustrations are of elegant design and fine execution.

The Management of Labor and of the Lying-in Period. A guide for the young practitioner. By Henry G. Landis, A. M., M. D., Professor of Obstetrics and Diseases of Women in Starling Medical College; Fellow of the American Academy of Medicine, etc.; author of "How to use the Forceps," "A Compend of Obstetrics," etc. Thirty engravings. 12mo, pp. viii and 334. Cloth; price, \$1.75. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

A System of Obstetric Medicine and Surgery, Theoretical and Clinical, for the Student and Practitioner. By Robert Barnes, M. D., Obstetric Physician to St. George's Hospital, Consulting Physician to the Chelsea Hospital for Women, etc.; and Fancourt Barnes, M. D., Physician to the Royal Maternity Charity and to the British Lying-in Hospital; Assistant Obstetric Physician to the Great Northern Hospital, etc. Illustrated with 231 wood-cuts. 8vo, pp. xxiii and 884. Cloth, \$5.00; leather, \$6.00. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

Societies.

MISSISSIPPI VALLEY MEDICAL SOCIETY.

[CONTINUED FROM PAGE 171.]

Dr. Edward Borck, of St. Louis, read a paper on abdominal surgery, reporting a number of cases, and recommending early operation and the closest personal attention on the part of the physician, and claimed that the home was as good a place to operate as at a private hospital.

Dr. Wm. A. Byrd, of Quincy, Ills., made remarks on the subject of tetanus, in which he reported two cases of recovery under the use of Fowler's solution, twenty drops every two hours; said the patient must be watched constantly.

Dr. G. V. Wollen, of Indianapolis, read a paper on nasal stenosis. In the discussion Dr. Wm. Cheatham referred to stenosis as a cause of asthma and hay-fever; he also referred to the "sensitive areas" found in this disease, by irritation of which all the symptoms of hay-fever could be produced; and by their destruction with acid and caustics, he thought hay-fever could be cured; farther, by anesthetizing these areas with the muriate of cocaine, all the symptoms of hay-fever are relieved.

Dr. Wm. Porter, of St. Louis, read a paper, subject, Some Errors in Physical Diagnosis. He first discussed the most frequent errors and their sources, also gave directions how to avoid them. Then he went into the report of a number of errors made by himself and others, giving the cases in full from his case-book. One case of syphilis of the lung mistaken for phthisis pulmonalis was reported; also other lung troubles which were mistaken for phthisis pulmonalis; hemorrhage from the larynx mistaken for hemoptysis; functional aphonia mistaken for hysterical aphonia.

Dr. Archibald Dixon, of Henderson, Ky., read a paper on Progress in Medicine. In reviewing the history of medicine for the past year, he found that solid advances had been made. The introduction of cocaine as a local anesthetic would mark the year as one to be remembered. Although the cholera made ravages abroad, our own country had been free from epidemics and exceptionally healthy. The old saying, history repeats itself, was never more true than in connection with cholera. He then reviewed the various epidemics in this country and abroad.

He thought the point to be determined was, Is the germ origin of the disease a true one? Is the germ always present in cholera? is it ever present elsewhere? I consider that Koch's position so far has remained unsailable. If, then, the germ theory of cholera be true, and it is a contagious and a portable disease, then, as a matter of course, it must be admitted that it is preventable. The requirements are quarantine, disinfection, and germicides. Detention without disinfection is not effective. He then quoted extensively and recommended highly the views of Holt, of New Orleans, and Rauch, of Springfield, Illinois, in regard to quarantine. He also quoted in full the conclusions of the Royal Italian Society of Hygiene, which, owing to their extensive and recent experience, he thought to be worthy of receiving great consideration.

Dr. Amos Sawyer, of Hillsboro, Ill., read a paper on Relation of Mind to Matter. He dealt with the subject in a very able manner in a paper of forty-five minutes in length. The paper was rather too much on the psycho-theological order to be strictly medical.

Dr. H. J. B. Wright, of Olney, Ill., read a paper, subject, Three Cases of Nervous Disease with Special Reference to Pathology, which was not discussed for want of time.

Dr. S. H. Charlton, of Seymour, Ind., had a paper on the subject, Is there a Typho-Malarial Fever. He thought there was a fever which this was intended to define, but that the term was an unfortunate selection. He suggested the term, Septic Remittent.

Dr. N. M. Baskett, of Moberly, Mo., had for his subject the history of a pistol-shot wound, with post-mortem. The ball was from a thirty-two caliber pistol, and entered the mouth. Patient died from hemorrhage.

The President appointed as Committee on Nominations:

Dr. T. C. Boulware, of Butler, Mo.; Dr. Amos Sawyer, of Hillsboro, Ill.; Dr. A. M. Owen, of Evansville, Ind.; Dr. E. S. McKee, of Cincinnati, O.; Dr. J. N. Powel, of Henderson, Ky.

The Advisory Committee reported the following recommendations, which were adopted:

1. That the organization by sections be dispensed with.
2. That the chair appoint a committee of three on programme.
3. That the meetings be held the second Tuesday in July.

4. That papers alternate, Medicine, Surgery, Obstetrics.

5. That book-matter generally known be omitted from the papers.

6. That new things be presented.

7. That brevity be practiced.

8. That more patients and specimens be presented.

The Committee on Nominations presented the following names, which were elected:

President, Dr. Arch. Dixon, Henderson, Ky.; First Vice-President, Dr. A. M. Burton, Mitchell, Ind.; Second Vice-President, Dr. T. D. Washburn, Hillsboro, Ill.; Third Vice-President, Dr. Wm. Cheatham, Louisville, Ky.; Secretary, Dr. H. J. B. Wright, Olney, Ill.; Treasurer, Dr. F. B. Lutz, St. Louis, Mo.

The President appointed as Committee on Programme, Drs. W. Porter, St. Louis, Mo., G. V. Wallen, Indianapolis, Ind., and Amos Sawyer, Hillsboro, Ill.

President Beard retired and President Dixon was escorted to the chair.

Adjourned to meet at Quincy, Ill., the second Tuesday in July, 1886.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

I am sorry still to have to write on that most unpleasant theme, the cholera; but as the subject continues to be discussed at both the academies, I have to keep your readers informed of what is being said and done anent that dire malady. I may, however, observe that the more the question is gone into, the more it seems to be enveloped in mystery. M. Jules Guérin has found in M. Peter, Professor of Medical Pathology, an ardent supporter of his well-known theory respecting the nature and pathology of cholera.

At a recent meeting of the Academy of Medicine, M. Peter declared that the Indian cholera is not an isolated malady in pathology; it has incontestible affinities; it is the last expression of a progressive, morbid series; beginning with simple diarrhea, which goes on to choleraic diarrhea, then to cholerine, to sporadic cholera or "cholera nostras," and finally to Indian cholera. The only difference that M. Peter would admit between the cholera nostras and the Indian cholera resides in

the greater morbid intensity of the extrinsic and intrinsic causes; that is to say, those that are derived from an external or cosmic medium, and from an internal or organic medium; two conditions realized on the banks of the Ganges, as at Mecca, but may be also at other points of the globe, in Persia, and even in France. The infectious principle is then engendered, constituted transmissible, and then importable to where it would find the conditions of individual receptivity. As regards the contagiousness of cholera, M. Peter states that it is only relative, which term he employs in contradistinction to "absolute." Absolute contagiousness is that which operates without acception or exception of the organism, that, for instance, of smallpox, scarlatina, and measles, which one may contract whether one be plethoric or anemic, young or old, male or female, strong or weak, rich or poor, all are equal before these maladies, all have the same aptitude to be struck with these diseases, and sometimes after a single contact or a sojourn of a few minutes in an infected locality. Relative contagiousness is exemplified by typhoid fever, diphtheria and cholera. Here the necessary conditions are, acception of persons or their repeated contact with infected persons, or their prolonged sojourn in a contaminated locality. Thus typhoid fever and diphtheria are particularly liable to strike debilitated subjects.

The same is the case with cholera, in addition to which a previous catarrhal condition of the digestive passages is often present. This progress Prof. Peter terms morbid aptitude or predisposition. Hence, for absolute contagiousness, predisposition is unnecessary, whereas for relative contagiousness predisposition is necessary. It therefore may be concluded that the contagiousness of cholera is essentially limited, and limited by extrinsic and intrinsic conditions. It is limited by individual predisposition and the conditions of the locality. This would explain the figures obtained by M. Marey, who, in his report just submitted to the Academy of Medicine, stated that out of 3,710 cases of cholera he could trace contagion to only 93. There is, therefore, according to Professor Peter, no excuse for the insane terror caused by the cholera of 1884, terror caused by the belief in microbes as cholera-genetic agents, which he considers one of the absurd theories invented in our time, and a disgrace to the nineteenth century.

The speaker then goes on to say that if the Indian cholera is not isolated as regards its nosological affinities as it is connected with diarrhea and cholerine, it is not more so as regards its analogies. For instance, it has for analogy poisoning, and for its nearest analogy is the poisoning by tartar-emetic, or "tartre-stibié" and arsenic. The symptomatic analogy is such and so striking that pathology has given the names of "cholera stibié" and "cholera arsenical" to the ensemble of functional troubles determined by the ingestion of tartar-emetic and arsenic. Indian cholera is then a poisoning, and the toxic substance is of animal origin, which is probably an alkaloid developed by the multiple and complex reactions of putrefaction, either in the living organism itself, or in one that has ceased to live. This alkaloid was for the first time described by Selmi, under the name of ptomaine. The choleraic ptomaine exercises its action on the solar plexus through the medium of the nerves of the gastro-intestinal mucous membrane. The first functional troubles of cholera are the symptomatic expression of this condition.

In the part of his discourse devoted to the therapeutic indications of cholera, Professor Peter dwells particularly on this point, that clinical observation imposes on the physician a medication the most varied for a malady which *a priori* appears so univocal, and it is here that the resolute adversary of MM. Pasteur and Koch gives vent to his acerb criticism in the following terms: "We are thus far from the pathogenic microbe, the manufacturing microbe of cholera, in fact. I can not say that the microbial doctrine has thrown any light on the pathogeny of cholera: Spots of blood are taken for the choleraic microbe; the comma-bacillus looked upon as the true microbe; then this bacillus is found almost every where, and becomes quite common. Then comes the ptomaine, which is said to be secreted by the comma-bacillus when it is in the intestine, and not secreted by this bacillus when it is found in the vagina, for instance, unless it is admitted that, placed in the intestine, this comma-bacillus secretes a ptomaine which manufactures the cholera, and when it strays into the vagina this comma-bacillus secretes a ptomaine which simply produces leucorrhœa. It is then the difference of the anatomical habitat which gives to the bacillus different secretory powers. So much for the prodigiousness of the parasitic doctrine!"

Apropos of the pathogeny of cholera, the following extract from a work read by M. Pagliani, of Turin, before the Italian Medical Association, may be of interest:

1. The mechanical structure of the soil has a very great influence on the more or less local predisposition in presence of a choleraic epidemic.

2. Argillaceous, as well as marly and calcareous soils are as refractory to the development of cholera epidemics as the most compact rocky soils.

3. Morenic, diluvial, and alluvial soils are considered favorable to the development of the epidemics of cholera.

4. Argillaceous and sandy soils of plains are in the conditions the most favorable for the development of epidemics, and when they are traversed by streams or by canals of which the level is above or at most equal.

5. Running water, whether on the surface or under ground, has a marked influence on the development of cholera.

6. This influence is exercised by causing humidity of the soil, which is indispensable to the development of cholerigenic germs, for it acts as a vehicle of dissemination in the soil of the cholerigenic germ itself. It may also act as a vehicle of the transportation of the cholerigenic germ from the soil to man by drinking water, or as a vehicle of transmission of the cholerigenic germ from infected individuals to those in health by the washing of soiled linen.

7. Cholera does not develop itself spontaneously in the localities even the most predisposed; its germ must be imported.

8. As vehicles for the conveyance of the cholerigenic germ to a distance, linen soiled by choleraic matter and patients affected by the disease must be taken into serious consideration. The conclusions relative to the prophylaxy of cholera are suggested by the above propositions, and attention must necessarily be paid to the orographic and hydrographic conditions which throw great light on the knowledge of the development of epidemics.

PARIS, October 2, 1885.

SUCCESSFUL NEPHROLITHOTOMY. — The British Medical Journal says that Mr. Victor Horsley recently removed a stone from the pelvis of the kidney of a patient in University College Hospital. The stone weighed two ounces and a half, and is the largest ever removed in this manner. The patient recovered without a bad symptom.

Selections.

TWO RARE CASES IN ABDOMINAL SURGERY.—The following interesting cases were reported to the American Gynecological Society by Dr. W. T. Howard, of Baltimore:

A negress, aged twenty-four, married, presented herself at the Dispensary of the University of Maryland, April 26, 1882. She was the mother of five children, and had never had a miscarriage. Menstruation was normal and regular. The last child was two months old. Shortly after this confinement she observed an enlargement in the lower part of the abdomen. Examination showed well-marked fluctuation all over the abdomen, with distinct resonance around the umbilicus, with dullness and bulging in both flanks. Six weeks later the umbilical resonance had disappeared. Two weeks later she was seen by Dr. Howard for the first time. She was then evidently quite sick, with a temperature of 102° . Physical examination revealed the presence of pleurisy. Crackling râles were found throughout the lungs. The abdomen was of about the size of seven months' pregnancy, and remarkably protruding in the center. There was complete dullness over the tumor, and resonance in the flanks. The area of dullness was unchanged by variation of position. All the signs of a unilocular cyst were perfect. The uterus was found well in front of the cyst, and the sound entered two and two thirds inches.

The next question was as to diagnosis. Ovarian cyst was excluded by the infrequency of this affection in the negro, and by the rapid development of the tumor. Fibro-cystic tumor of the uterus was excluded by the great rarity of the disease, and its extreme rarity before the age of thirty-five years, the rapid growth in the present case, and the absence of menstrual disturbance. Parovarian cysts are usually of slow development, are apt to be flaccid, are comparatively rare, and do not affect the general health. This was therefore excluded. Simple ascites was excluded without difficulty. Encysted dropsy of the peritoneum was next considered. This, in the early stages, is accompanied with symptoms of constitutional disturbance. The abdomen is not prominent, and often flaccid. This was therefore excluded.

On June 20th the speaker aspirated the abdominal cyst, and removed a light, straw-colored fluid which speedily coagulated.

The patient did well for three days, when acute peritonitis appeared, and she died on the seventh day.

At the autopsy a large mass, consisting of the omentum, the transverse colon, and small intestine, bound together by inflammatory exudation, was found. This formed a cavity in which the fluid had collected. The peritoneum was every where invaded with miliary tubercles. There was tubercular ulceration in the small intestine. The other abdominal organs were not affected. There was also tubercular pleurisy, and throughout both lungs were scattered gray miliary tubercles. So this was a case of encysted tubercular peritonitis, presenting the character of an ovarian or a parovarian cyst.

CASE II. F. R., aged twenty-four, complained of a heavy weight in the abdomen, which was greatly enlarged. There appeared to be an immense unilocular cyst. This had begun seven years previously, and the increase in size had been gradual and not accompanied with pain. The length of time which it had lasted was against its ovarian origin. The length of time it had been developing, the marked fluctuation and the flaccidity of the cyst, were in favor of a parovarian cyst; but the fact that the tumor could not be impressed below the umbilicus was against this view. Fibro-cyst of the uterus and encysted peritonitis were excluded. The diagnosis lay between an ovarian and parovarian cyst.

An exploratory operation was decided upon. The peritoneum was much thickened, and closely adherent to the cyst. A trocar was introduced, and forty pints of fluid escaped. It was impossible to enucleate the sac. The opening in its wall was therefore enlarged, and on looking into its interior it seemed as though all the abdominal organs had been removed, the cyst-wall being stretched tightly across the spinal column. A drainage-tube was introduced and the wound closed. The patient died of acute peritonitis. A satisfactory post-mortem was not obtained, so that no further light was thrown on the nature of the case.

A NEW PHYSICAL SIGN OF TRICUSPID REGURGITATION.—Dr. W. Pasteur, of the Middlesex Hospital, London ("Lancet"), says: "In several cases, in which there was reason to suspect functional incompetence of the tricuspid valve, which have recently come under my observation, a physical sign has been present to which I believe atten-

tion has not been drawn, and of which I have been unable to find any mention either in the standard text-books or in the best known monographs on the subject of cardiac disease. This sign consists in a distension—with or without pulsation—of the superficial veins of the neck, occurring when firm pressure is exerted over the liver in the direction of the spinal column, and independent of the movements of respiration. A little consideration of the anatomical relations of the parts concerned will suggest the facility with which an impediment may be created to the flow of blood, in either direction, through the vena cava inferior by such a maneuver, especially when the liver is obviously enlarged. It seems to me that the state thus produced is virtually that which obtains as a chronic condition in long standing and severe cases of tricuspid incompetence as far as regards the tension in the systemic venous system in the immediate vicinity of the heart. Assuming the existence of tricuspid regurgitation and of a source of compression of the vena cava inferior, it is obvious that with each systole an excessive reflux of blood must take place into the vena cava superior and its tributary veins. It may be noted that the question of pulsation, as compared with distension or undulation, is merely one of degree of morbid venous tension. Although the number of cases in which I have observed this phenomenon is certainly limited, I have never failed to elicit it when there was indubitable evidence of tricuspid incompetence; on the other hand, I have hitherto invariably failed to obtain it in other forms of cardiac valvular disease, and in various cases of hepatic enlargement from causes other than passive congestion. I can not but think that this sign may furnish an important aid to diagnosis in cases where the usual signs of tricuspid regurgitation are ill-developed or in abeyance, and that it may prove a valuable factor in the difficult general problem of prognosis in cases of cardiac disease."—*New York Medical Journal*.

THE NATURAL HYGIENE OF CHILD-BEARING LIFE.—Dr. Samuel C. Busey, in a paper on this subject read before the American Gynecological Society (Boston Medical and Surgical Journal), said: The hygiene of pregnancy relates to preservation of the health of woman during those periods of her life-history intervening between conception and the commencement of labor.

With conception begins the existence of a new being, and during the succeeding period of utero-gestation the product of impregnation passes through all the stages of development and growth from a fructified ovule to the complete organization of a being equipped for an independent life. Not only is a new being created, perfected, and endowed with the attributes of human life, but important and complex changes take place in the generative organs as well as in the entire organism of the mother.

These processes of transformation, development, and growth, are physiological; nevertheless, they are terminated by more or less violence and injury to both mother and child. The unavoidable mortality, however, is small. The death-rate of lying-in women is too high to be accepted as the inevitable result of purely physiological and developmental processes.

The hygiene of pregnancy, the speaker said, has a much broader significance than a classification and detailed description of the disorders of pregnancy and the methods of prevention. In this wider range of investigation, the cycle of physiological and developmental processes during the reproductive age demands equal, if not paramount consideration with the pathological disturbances of utero-gestation. The concurrent succession of natural phenomena and results which with such uniformity subdivide the course of normal child-bearing life into epochs which distinctly mark the evolution, climax, and decadence of productivity, point with unerring certainty to the operation or general laws of the female economy. These laws must constitute safer guides of sanitation than the artificial methods suggested by personal experience and observation. The hygiene of pregnancy must be considered as a natural science, based upon a knowledge of cause and effect and the laws of nature, if the highest success attainable is to be reached, and the author limited the discussion to the consideration of these fundamental principles.

Dr. Busey considered in sequence the processes of waste and repair, of growth and development, of organization and construction. He declared that there was no border-line of health. We can not define where the physiological ceases and the pathological begins.

Puberty, matrimony, pregnancy, parturition, lactation, the post-pregnant restoration of ovarian activity, and the menopause, have each their physiological characteristics and

may each be associated with a variety of pathological conditions. The speaker then paid a glowing tribute to Nature's care of her complex, beautiful handiwork, and asserted that the natural causes of the diseases of pregnancy are few, the acquired, numerous and multifarious. The child-bearing period of woman's life, said the Doctor, begins at puberty and ends with the expiration of the years of maturity. Then succeed in continuous progression those changes which mark the decline and decay of organic life. Nature's code of hygiene of pregnancy is not, however, limited to the later years of the child-bearing period. The fertility increases from the commencement of the child-bearing period until the climax is reached, and then declines to its extinction. The age of greatest safety of pregnancy coincides with the age of greatest fecundity. Beyond and under, the mortality increases with the increase and diminution of age, but the rate is higher with the increase beyond than with the diminution below the age of maximum safety or least mortality.

The manifest conclusion, said Dr. Busey, from these general laws governing the child-bearing age is, that the age of nubility should correspond with the ages of maximum fecundity, fertility, and least mortality.

The speaker then went on to say that puberty and nubility are not simultaneous. He dwelt on the importance of the period of adolescence and deprecated too early pregnancies. He thought Nature prescribed the fifth quinquennial as the period during which the laws of fecundity, nubility, and survival find their natural complement in relatively highest gradation of perfection. He considered first pregnancies the most dangerous, and thought the danger increased by too early and too late primiparity.

The period of lactation, he said, is an important epoch in child-bearing life. He spoke of the gradual developmental and retrogressive changes in the mammary glands, and declared that to functional irregularities and derangements caused by artificial interference with the processes of evolution and involution must be traced many of the tumor diseases to which the mammary glands are so liable. The extinction of the procreative function in woman protects the remaining vital forces from the decay of coming age. If, however, the seeds of disease have been sown during the

child-bearing period, the change of life may increase their activity.

The speaker then compared the mortality of epidemics with the aggregate of the mortality of child-bearing in the same time and thought the latter greater. He believed the time would come when this special department of hygienic custom, based upon the laws of life and nature, would supersede the practices of the well-meaning but misguided.

State interference might prove a dangerous expedient—more potent for evil than for good. Yet, if the age of majority of women could be made to correspond with the first year of the period of maximum fecundity, popular prejudice and love of custom, which have popularized the age of majority as the minimum age of nubility, would, sooner or later, conform fashion to the law. But the age of majority should not be too far advanced.

Spinster matrimony, he contended, finds its protection in the decadence of fecundity and fertility; in the increasing incapacity of the uterus to carry an ovum with longer disuse, and in the greater disparity in the ages of the bride and bridegroom. Beyond these immunities the consignment to suffering and death must follow the law pertaining to the later years of reproductive life. He spoke of the instinctive dread of spinster life and the intuitive designation of thirty as its initial year.

He deprecated precocious matrimony, and considered it the sequel of precocious puberty. Moreover, he said, if it entails harm, the root of evil must find its radical in too early puberty. In this country, and in the higher walks of life, the ratio of precocious puberty is manifestly on the increase. Whether equally so among the middle and lower classes he did not know, but if not, it soon will be, because the sedulous cultivation of the faculty of imitation is rapidly obtaining class distinction.

In this, as in other departments of medical science, the discovery of abuses is far more easy, said the speaker, than the ascertainment of cause and the application of correctives. Whenever medicine confronts popular prejudice, established habit, and the instinctive beliefs of woman, it encounters obstacles not easily surmounted. The esthetic obligations of civilized society and the masterly antagonisms of human depravity bid defiance to medical science and the laws of nature. If, then, he said, I suggest that precocious puberty is one of a series

of grievous evils growing out of the organization of society, you will be prepared for a confession of failure to point out a method of reform.

THE PLYMOUTH EPIDEMIC AND THE LESSONS IT TEACHES.—Dr. Coggeshall, whose sad death we notice in another column, as Chairman of the Committee on Advances in Hygiene and Public Health, prepared a paper for the Virginia State Medical Society on the recent epidemic at Plymouth, Pa., and the lessons it teaches. This was read by the Secretary at the request of the Society. After an interesting study of the epidemic he draws the following conclusions:

1. That from an exceedingly small and apparently trivial source of infection danger to a large number of persons may arise in the course of a zymotic disease.

2. That whatever doubt could previously exist in the mind of any member of the profession regarding the power of previously pure running water to become an active carrier of typhoid infective germs has, by this epidemic, been entirely dissipated.

3. That the uncleanness and non-sanitary condition of a town or city prolongs, in the direct ratio of its extent, the stay of an endemic or epidemic in such place.

4. That during a typhoid epidemic—and especially in its early stages—cases of the disease may and do occur where the patient, having proper sanitation at home, receives the poison germs into the system by the simple imbibition of water containing such organisms elsewhere than at home, without his or her knowledge or suspicion.

5. That a town can not afford to remain in an uncleansed condition, however remote danger from zymotic disease may otherwise appear, as such uncleanness is a direct invitation to certain contagious and infectious diseases to establish a firm foothold in that place.

6. That a typhoid epidemic occurring in a city, once brought into existence from any cause, is easily enlarged and more fully developed by neglect of well-known and easily-effected individual and municipal sanitary measures.

7. That the water-supply of a town or city—notwithstanding the safeguards commonly thrown around it by the municipality—can easily be transformed, suddenly and unexpectedly, by contamination, into a poisonous condition for the uses of a com-

munity from a source at once remote and individual.

8. That careful and thorough disinfection of the excreted matter—both liquid and solid—voided by a typhoid fever patient is of the utmost importance to the health of the surrounding community, in city or country, but owing to lack of proper sewerage facilities especially so in the latter.

9. That the physician practicing in a rural district which is in any manner, remotely or directly, connected with the water-supply of a corporation, should exercise more than ordinary precaution to see that such water-supply is placed in no danger of receiving contamination from his patients, either actively or indirectly.

10. That although it has been the custom in past years to look upon the water of city wells in general as far more liable to hold contamination from poisonous organisms than water furnished from reservoirs, yet the "Plymouth epidemic" has shown that a condition exactly the reverse may exist.

11. That to eliminate all possibility of poisoning in this manner, from sewage or excretory matter, either through carelessness or ignorance, no human habitation should be allowed by law to exist near the source of a city's supply of drinking-water. *Virginia Medical Monthly.*

IN an article in Edinburgh Medical Journal, on the nature and treatment of ozena, Dr. Lœwenberg recommends the following line of treatment:

1. The *nasal douche*. I use it with a solution of bichloride of mercury, one of the best known microbicides; one part of sublimate to 9,000 to 10,000 parts of water, and strengthen the concentration in proportion as it can be borne by the patient. The douche is very easily employed in ozena, on account of the excessive width of the nasal fossæ peculiar to this affection. I have insisted in several papers upon the utility and harmlessness of this procedure, as also on the manner of employing it, and the necessity of acquainting the patient or the person who takes care of him with the mechanism of this injection before trusting them with its use. I find it useful with many patients to make them sound the vowel *â* in order to keep the velum palati raised during the douche.

This manipulation, indispensable though it be, does not alone suffice to apply the medicament to the whole interior of the nose, for it does not make the liquid pene-

trate into the upper parts of the nasal fossæ, unless we employ pressure and give the patient's head an inclination sufficient to make the neighboring cavities (especially the tympanum) run risks out of proportion to the therapeutic result to be obtained. To remedy this inconvenience I add:

2. The *nasal bath*, which is practiced in the following manner: After finishing the douche the patient inclines his head backward until the nostrils form the highest point of the naso-pharyngeal cavities. While he remains in this position the nose is *gently* filled by introducing the sublimate solution by one nostril until it comes out at the other, the patient meanwhile breathing by the mouth, or saying *â* (to keep the velum palati raised). We are thus certain that the nasal cavities are completely filled conformably to the law of communicating vessels. By means of these two processes we remove the greater part of the cocci with the mucus containing them, and we vigorously attack the vitality of the remaining, but the action is only transitory. I therefore employ, conjointly with the preceding manipulation, a third process.

3. After the douche and the nasal bath, the daily treatment terminates with *insufflations of impalpable boric acid powder*. It is necessary to take much care to spread the powder equally upon all the interior of the nasal cavities and the upper pharynx (especially when there exists considerable deviation of the septum), and to reach only these cavities. In order thus to localize the insufflation, while it is going on I make the patient pronounce the vowel *â*, that the velum may remain up, and prevent the powder from falling into the larynx. I recommend this method generally for the insufflations of powders into the nasal cavities; it is especially indispensable in the application of more active substances, such as nitrate of silver, the casual penetration of which into the larynx or its deglutition must be absolutely avoided. I do not know if other writers have thought of this precaution, which I consider important. The insufflations of boric powders are for the purpose of establishing on the walls of the cavities of the nose and naso-pharynx a *reserve or supply of antiseptic material* dissolving itself in the mucus in proportion as it is secreted. I have chosen *boric acid* because of its harmlessness and its microbicidal action.

The future will decide if it is permissible to hope for an entire cure, especially at the

commencement of the disease. This I can not yet affirm. *However, it has not only attained the suppression of the fetidity, and by that the possibility of restoring the patient to society, but also a surprising improvement in the general health.*

THE TREATMENT OF PATIENTS AFFECTED WITH DISEASE OF THE PROSTATE.—Dr. Guyon, in the *Ann. des Mal. des Organes Genito-urinaires*, holding that the normal physiological condition of those affected with prostatic diseases is congestion, formulates the following treatment for the affection:

1. The avoidance of all causes of general or local chill.

2. The proscription of over-eating and alcoholic excess, and in general avoidance of *abuse* rather than the simple use of salads, meats, fish, shell-fish, white wines, and champagne.

Not only should excess of irritating or alcoholic drinks be avoided, but also that of beverages in themselves inoffensive. For this reason the treatment of the affection by mineral waters should be advised with extreme caution.

3. *Voluntary and prolonged retention of the urine* should be avoided, as being conducive, in those affected with prostatic disease, to the production of retention of the urine, cystitis, etc.

4. Moderate indulgence in sexual intercourse.

5. Consideration of the unfavorable influence exerted by prolonged horizontal decubitus and immobilization.

Prolonged rest in bed should be avoided, and before retiring the patient, if possible, should, if unable to walk in the open air, promenade in his room for fifteen or twenty minutes, and in the morning such exercise should be repeated. During the day sedentary habits should not be contracted, but at the same time fatigue should be avoided.

Constipation should be obviated, if existing, without the use of drastic cathartics. A large enema, warm or cold, in the morning exercises at the same time an evacuating and a soothing effect. Emollient enemata, before retiring, frequently also yield good results.

6. The functions of the skin should be excited by dry friction and massage.

Baths should not be continued beyond fifteen minutes.

Dr. Guyon next considers the medicinal treatment of the affection, and suggests:

1. As a remedy for the *sclerosis* of the urinary apparatus, the use of potassium iodide in quantity varying from eight to fifteen grains daily, during fifteen days or three weeks of every month, and continued for months or years.

2. For the *congestive lesion*, the careful administration of ergot, nux vomica, and all preparations containing strychnia as a base, is advised.

3. As remedies for *vesical irritation*, belladonna, hyoscyamus, and the preparations of valerian will be found more inoffensive than opium and its derivatives, but nevertheless sufficiently active.

The bromides are considered to have in vesical disease only an insignificant effect, but in some cases this should be utilized.

The foregoing hygienic and medicinal treatment, Dr. Guyon considers, will in most instances suffice to overcome the functional disturbances experienced by prostatitis, and only when it fails should the use of the catheter be resorted to.—*American Journal of Medical Sciences.*

DISPLACEMENT OF THE LIVER.—I have at present under my charge a case of apparently spontaneous displacement of the liver. The patient is a woman, aged about forty-five, and a free drinker. I have been attending her for some time for ascites, flatulence, etc., arising from her habits. Five days ago I saw her for the first time, in bed, and she then called my attention to a hard swelling in the abdomen, which she told me she had first noticed two or three days previously. I found on palpation that this was a rather enlarged liver, with a somewhat modulated surface. It appeared to be lying diagonally with the anterior border in the right inguinal region, the upper surface of the right lobe being distinctly to be made out in the right lumbar and umbilical region; the left lobe projected partly below the ribs, but was not so completely displaced as the right lobe. As there was tenderness about the (normally) posterior border, I was not able to satisfy myself whether this part of the liver was entirely clear of the ribs, but it seemed to lie just free of them. Percussion over the natural position of the liver gave a clear, somewhat tympanitic note. There was no pain nor tenderness except just about the lower right ribs. With gentle pressure I could partly restore the organ to its proper position.

The patient had not felt the liver slip from its place; and, as I have had no previous opportunity of making an examination, I

am unable to say how long the viscera has been in its present position. The patient had had a severe bronchial cough for some time, but that has been less troublesome for about a fortnight; she has also suffered from vomiting and severe retching, but this had also improved some days before she first noticed the swelling. The walls of the abdomen are thin, and the shape of the liver and its present lower border can be distinctly made out with the fingers. There is some tenderness, though slight, about the gall-bladder. The skin is decidedly jaundiced, but the yellow color is not so deep as I have seen it. The conjunctivæ are, if any thing, less yellow than I have seen them previously. The bowels act regularly, and flatulence is considerably less than it has been. Appetite has been bad for a long time.

I think it probable that, the intestines being no longer distended with gas, the liver has fallen, through its own weight, into the abdomen during an attack of vomiting and retching.—*British Medical Journal*.

PERMANGANATE OF POTASH BATHS.—Dr. Hüllmann (*Centralblatt für Klinische Medizin*) recommends baths in a solution of permanganate of potash in the treatment of the so-called scrofulous exanthemata, in prurigo, eczema, intertrigo, and especially in the period of desquamation of measles, scarlatina, and varicella. The baths should be of the strength of one grain to the pint. The permanganate may first be prepared in concentrated solution of hot water, and afterward added in the proper proportion to the water of the bath.—*Medical Record*.

RARE SYMPTOMS OF LOCOMOTOR ATAXY. M. Charcot has recently had under his care, at the Salpêtrière Hospital (*Journal de Médecine et de Chirurgie Pratique*), a man, aged fifty-two, who was suffering from locomotor ataxy. Besides the usual symptoms the patient presented the peculiar deformity known as tabic foot. The right foot was broader and thicker than the left, and the arch much less marked. There was neither edema nor pain. Professor Charcot is of opinion that the absence of pain and inflammation is a most important point in the diagnosis of all diseases of the joints caused by locomotor ataxy. M. Charcot's second case was that of a man with symptoms of tabes and anesthesia of the face; the loss of sensibility had begun in the upper lip, and invaded gradually the whole of the face, the mouth, and the soft palate; but the sense of

taste was still retained. There were patches of anesthesia on the chest, and of hyperesthesia on the back. The patient presented also some remarkable trophic lesions; he had lost nine teeth without pain in one month, and at the same time small pieces of the inferior maxilla had become detached. The disease of the jaw showed, however, a decided tendency to spontaneous cure.—*Ex.*

TO PREPARE SURGICAL SPONGES.—The following is Mr. Lawson Tait's method of preparing the sponges, and but one person is trusted to do this: New sponges are first put into a large quantity of water with sufficient muriatic acid to make the water taste disagreeably acid. They remain in this mixture until all effervescence has ceased and all the chalk is removed. For this purpose it may be necessary to renew the acid several times. The sponges are afterward carefully and thoroughly washed, to make them as clean as possible and free from every rough particle. After being used at an operation, they are first washed free from blood, and then put in a deep jar and covered with soda and water (one pound of soda to twelve sponges). They are left in this about twenty-four hours (or longer if the sponges are very dirty), and then they are washed perfectly free from every trace of soda. This takes several hours' hard work, using hot water, squeezing the sponges in and out of the water and changing the water constantly. Leaving them to soak for a few hours in very hot water greatly assists in the cleansing. When quite clean, they are put in a jar of fresh water containing about one per cent of carbolic acid; after being kept in this way for twenty-four hours they are squeezed dry and tied up in a white cotton bag, in which they are left hanging from the kitchen ceiling till they are wanted.—*American Journal of Obstetrics*.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from October 11, 1885, to October 17, 1885:

Lieutenant-Colonel B. J. D. Irwin, Assistant Medical Purveyor, ordered from Department Arizona to New York City, for temporary duty in charge of Medical Purveying Depot at that place, relieving Captain Henry Johnson, Medical Storekeeper. (S. O. 233, A. G. O., October 10, 1885.) *First Lieutenant Edward R. Morris*, Assistant Surgeon (recently appointed) ordered for duty in Department Missouri. (S. O. 233, A. G. O., October 10, 1885.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, OCTOBER 31, 1885.

Original.

THE IMPROPRIETY OF THE RECOGNIZED AMPUTATIONS ABOUT THE FOOT AND ANKLE.*

BY AP MORGAN VANCE, M. D.

Having for a long time considered the usual amputations about the tarsus and ankle joint unsurgical, I take this occasion with a very short and hurriedly-prepared paper to give my reasons for this opinion.

There are none of us who can not recall to mind patients suffering with stumps which have broken down after moderate use, or have never healed after these amputations; and all who have had any experience in adjusting supplemental apparatus to this class of amputations can testify to the great difficulties often encountered before a comfortable fit is accomplished, this result often being impossible. There are none of us who do not remember to have seen the awkward and painful gait which results when it is attempted to adjust even a leather shoe to these stumps. I do not know how many times I have been applied to in the past five years by patients who had been compelled to return to crutches at various periods following amputations of this kind, either because of the contraction of the extensors, causing the cicatrix to be impinged upon, or from the breaking down of the bones from the primary injury, and sometimes renewal of disease where this was the reason for the amputation. Some will say that a tenotomy will always prevent the first named and most common of the difficulties, but all who have had any experience, especially in young subjects, know that relief thus gained is only temporary. The great awkwardness and many other inconveniences resulting from any of the recognized

amputations between the mid-metatarsal region and four inches above the ankle-joint, are reasons sufficient to make a man think twice before doing any of them, but this is not the great reason why I always go to the junction of the middle and lower third of the leg rather than amputate at any point between this and the mid-metatarsal region. The infinite superiority of this amputation in comfort, usefulness, and appearance is, to my mind, unquestionable. With the most improved limb, a person with a leg amputation at this most eligible point can perform with comfort almost any task that one can do with two good limbs. Some will ask, why not save two inches more of the leg? We answer, because that, to get the best mechanism, four inches space is required above the ankle-joint.

The dangers are not increased in leg amputations, but rather the reverse in my opinion; the time of convalescence is shortened very much, as will be illustrated by some cases which I shall report in brief. I find, since writing the above, that Dr. Douglass Bly, the inventor of the best artificial limb, advocates the same point of selection whenever the question arises, and for the reasons above given.

CASE I. April 29, 1884: Mrs. X, aged forty-nine years, amputation of leg four inches above ankle-joint, as a radical relief for sarcoma of the dorsum of the foot. Antero-posterior skin flaps. Ligatures all came away on seventeenth day. The wound was completely closed on the 21st. At the end of the eleventh week a Bly leg was applied, which has been worn every day since with a great deal of satisfaction and comfort. The socket had to be changed after six months on account of the usual atrophy.

CASE II. Mr. Y, aged twenty-six years, suffered the same amputation as in preceding case for specific osteitis of the lower end of the tibia; secondarily, of astragalus. The ligatures were away by the fourteenth

*Read before the Louisville Medical Society, September 24, 1885.

day, and on the twenty-first day the wound was healed. He was able to wear the artificial limb in two months and ten days. This patient was a drummer, and at the end of three months could, without a cane, walk all day and carry a fifteen-pound satchel with hardly a perceptible limp. The last day I saw him, some four months after amputation, he told me that he had just been waltzing with his wife. Mr. Matthews, who was kind enough to lend me these specimen limbs, has a mid-tibial amputation and is able to work at his bench all day and walk with such ease and dexterity that three people out of five can not tell which of his legs is the sound one. He can even skate.

LOUISVILLE.

Miscellany.

COMPRESSION MYELITIS OF POTT'S DISEASE SUCCESSFULLY TREATED BY LARGE DOSES OF POTASSIUM IODIDE.—In an interesting paper, read before the Neurological section of the New York Academy of Medicine on the above subject (Medical Record), Dr. V. P. Gibney reports a number of cases of myelitis caused by compression during the course of Pott's disease, in which large doses of the iodide were given with marked benefit. He says: Formerly I never dared give a mother any hope that her child would recover from the paralysis short of six months. I usually gave the prognosis that twelve months would elapse before the child would walk. Since I have used the iodide I have been able to give a prognosis much more favorable both as to time and completeness of recovery. I seldom hesitate to name three months, four at the farthest, in which recovery will take place.

He summarizes the points in the management of these cases as follows:

1. Secure at the earliest possible moment immobilization of the spine, especially in the neighborhood of the vertebræ diseased.
2. Begin with ten grains of potassium iodide in mineral water—Vichy, I think, is best suited for most cases—three times daily after meals.
3. Increase the dose daily by five grains, until the stomach shows signs of intolerance.
4. Maintain as large a dose as the stomach will tolerate until convalescence is fairly established.

5. Do not lose sight of the apparatus employed, and replace it without hesitation and without delay whenever its inefficiency is demonstrated.

6. Keep the patient in bed the greater part of the day, and if he goes out see that the recumbent, or at least a semi-recumbent position is maintained. Under no circumstances permit efforts at standing until convalescence is fully established.

7. See that the general health does not deteriorate while special treatment is pursued.

ON THE FAILURE OF SALICYL-COMPOUNDS IN THE TREATMENT OF ACUTE RHEUMATISM ACCOMPANIED WITH INFLAMMATION OF THE GENITO-URINARY MUCOUS MEMBRANES. Dr. Thomas R. Fraser, in an interesting article (Edinburgh Medical Journal) on the failure of the salicyl-compounds in relieving rheumatism complicated with gonorrhea, concludes as follows:

1. That many of the cases which have been considered to be gonorrheal rheumatism were merely cases of toxemia, produced by a toxic substance absorbed from an inflamed genito-urinary mucous membrane. The cases I refer to are met with especially among the examples of chronic mono- or oligo-articular inflammation.

2. That in other cases the disease is a rheumatism modified by toxic infection from a venereal or non-venereal inflammation of the genito-urinary mucous membrane. The rheumatic or toxemic phenomena may in these cases be present in very different degrees of relative prominence, sometimes the rheumatic, and, at other times, the toxemic phenomena being the more prominent. This, the true form of gonorrheal rheumatism, presents itself chiefly as an acute or sub-acute disease.

3. That in no variety of gonorrheal rheumatism is the progress of the disease materially influenced by the administration of salicyl-compounds; and as the distinction in acute, and even in sub-acute cases between gonorrheal and ordinary rheumatism is always at the commencement, and sometimes during a great part of their progress, a matter of much difficulty, the failure of the salicyl-compounds in the former disease is a valuable assistance in diagnosis.

THE USE OF STRYCHNIA IN NERVOUS DISEASE.—Dr. Landon Carter Gray, in the October number of the American Journal of the Medical Sciences, reports five cases

which, as far as they go, demonstrate that strychnia was not well borne by two cases of severe acute myelitis, or by two sub-acute cases of mild poliomyelitis anterior; that gr. $\frac{1}{25}$, continued for four days in a case of transverse myelitis with early extension to the lateral columns, given three months after onset, suddenly induced alarming toxic symptoms; that one chronic case of general myelitis of traumatic origin was greatly benefited, as was also a case of general myelitis in which the onset had been gradual; that in five cases of progressive muscular atrophy it acted as a remarkable stimulant; that, as Dr. Weir Mitchell has indicated, it was decidedly beneficial in cases of neurasthenia, which, after being treated by some eight to ten weeks of rest and forced feeding, were taken out of bed, although it failed to agree with three cases of neurasthenia which were treated in the ordinary way.

CONJOINT USE OF MORPHIA AND ATROPIA FOR HYPODERMIC MEDICATION.—Dr. Talfourd Jones (British Medical Journal), from a study of this combination, arrives at the following conclusions:

1. Fairly small and moderate doses of atropine slightly increase the hypnotic properties of morphine. This is a matter of doubt with many; some deny that atropine does this, while others even say it very decidedly lessens the hypnotic action.

2. Atropine in medicinal doses increases the anodyne properties of morphine, and this increased anodynia is more marked in local than in distant injections.

3. Atropine in moderate doses counteracts the depressive action of morphine on the heart, and lessens the tendency to sickness, giddiness, and faintness; and, by its influence on the circulation and on the skin, it also tends to prevent the clammy sweat, the pallor, and the coldness that morphine not unfrequently induces.

4. In small doses it does not influence, to any appreciable degree, the action of morphine on the respiration; but when given in fair medicinal doses, and, *a fortiori*, in larger doses, it increases the number of respirations per minute and augments their depth.

THE CAUSATION OF SYMPATHETIC OPHTHALMIA.—A new light has been shed upon sympathetic ophthalmia by the researches, clinical and experimental, undertaken by Deutschmann (of Göttingen), who, proceeding upon the idea that this disease was

of an infectious origin, sought the prime cause of the infection. This he found to be none other than the micrococcus already well known and studied especially by Rosenbach; the *staphylococcus pyogenes albus* or *aureus*, which, according to the center to which it is carried, produces phlegmonous osteitis in the bony system, anthrax in the skin, while if it penetrate the eye by means of an accidental or operative traumatism, or by an ulceration of the cornea (serpiginous ulcer with hypopion, or perforation in consequence of a purulent ophthalmia, etc.) it effects the disorganization with phthisis of the bulb, and may, in propagating itself along the optic nerve, by means of the chiasm, reach the other eye and there provoke what has been called *sympathetic ophthalmia*, but what Deutschmann proposes to call *liquefactive ophthalmia migratoria*.

His experiments, begun in 1882, were made upon the eyes of rabbits. At first all the eyes injected with a septic liquid were lost by purulent liquefaction, whereupon he resorted to injections directly into the substance of the optic nerve. When a culture of *aspergillus glaucus* or croton oil was employed, the result was a moderate retinitis of short duration in the opposite eye, and some pathological changes of the intervening nerve substance, but neither great nor lasting injury, which added to the probability that the grave accidents often observed clinically must be due to the pululation of the septic agent itself.

As the *aspergillus glaucus* had failed to multiply, Deutschmann made trial of the *staphylococcus aureus*, with which he finally succeeded in producing all the symptoms of sympathetic ophthalmia, and found in the secondarily attained eye an abundance of both the micrococcus and diplococcus.

Deutschmann inclines to think there may be many species of micro-organisms more or less dangerous, and more or less vivacious, capable of producing *migratory ophthalmia*; some of them capable of producing symptoms very grave and rapid, while others may sojourn for years in the affected eye in a state more or less latent—sleeping, so to speak—until some determining cause comes to favor their development. All of which calls for the prompt enucleation of the eye primarily infected, and the application to the other eye of all the resources which antiseptics puts at our disposal—mercurials in the front rank, frictions, calomel in broken doses, etc.—*Le Progres Medical*.

MICHIGAN AND THE SMALLPOX QUARANTINE.—Ever since the day when smallpox was declared epidemic in Canada, the Michigan State Board of Health has maintained strict quarantine regulations with reference to all persons, goods, and chattels which have essayed to pass from the infected localities into that State. In consequence of the recent action taken by the United States Government relative to the maintenance along our northern border of quarantine against the disease the secretary, at the request of the governor, has informed the Michigan State Health Inspectors of Travel that they are to cease from specific duty, and the Surgeon of the U. S. Marine Hospital Service at Detroit that the State will take no further action in the matter. The secretary closes his address to the inspectors with the following very suggestive compliment:

Permit me to thank you for your efficiency. During your service no smallpox has entered Michigan, so far as known; but it has been reported to have been conveyed from Montreal, by persons or otherwise, to Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, New York, Pennsylvania, Illinois, and Wisconsin. The most exposed of any State, Michigan, has so far escaped.

Very respectfully, HENRY B. BAKER,
Secretary.

A NEW HYPNOTIC — URETHANE.—This substance is an ether carbamic, or a carbamate of ethyl. It is in the form of white crystals, without smell, or slightly like salt-peter. It is soluble in water and in alcohol. Following an idea that it would be well to find something that was not subject to the unpleasant secondary effects of chloral, bromide of sodium, etc, this was tried first on rabbits and other animals, where it had no toxic effect, even in very large doses. In some hundred cases it brought on a natural slumber in human beings, without respiration or circulation being interfered with. In small doses, say fifty centigrams, its action is slow, but in one-gram doses it acts promptly. It acts in most cases directly on the brain. It shows its best effect in delirium tremens and mania.—*Pharma. Rec.*

THE INTERNATIONAL MEDICAL CONGRESS. Among the most important acts of the last meeting was the election of Dr. N. S. Davis, of Chicago, to the office of Secretary-General. This will meet with general approval. The committee will get a fair support in New York, particularly from the Bellevue men. The name of Austin Flint, sr., will

be worth much among the shattered fragments that remain. Many able men in different parts of the Union will assist. We may derive what comfort we can from these considerations; but, after all, the broad, sad fact remains that the cream is principally gone, and we are left to feast on skimmed milk.—*Canadian Practitioner.*

DR. M. J. ROBERTS reports, in the Medical Record, a case of bone surgery under the influence of cocaine. He followed the plan suggested by Dr. Corning and referred to a few weeks ago. An Esmarch bandage was applied in fifteen minutes after the cocaine was injected. An incision five and a half inches long and the removal of several pieces of bone by means of a drill was accomplished with but little discomfort.

THE trustees of the estate of the late Dr. Ernest Krackowizer have presented a sum of money to the New York Academy of Medicine, the interest on which is to form a triennial prize to be awarded to the essay which should be thought most deserving by a committee appointed by the Academy.

AT the last meeting of the New York Academy of Medicine the treasurer announced that the final payment on the original mortgage of ten thousand dollars had been made, thus leaving the academy free from debt.

DR. ROBERT COLTMAN reports, in the Medical and Surgical Reporter, a case of poisoning by one grain of hyoscyamine relieved by one fourth grain of morphia hypodermically.

IT is stated that Professor Matthew Hay, of Edinburgh, has been elected professor of pharmacology in the Medical Department of the Johns Hopkins University at Baltimore.

ON the first day of October there were reported throughout Spain four hundred and ninety new cases of cholera, and one hundred and seventy-six deaths from the disease.

PROFESSOR ROBIN, the great French physiologist and histologist, died October 6th, aged sixty-four years.

PROFESSOR WILLIAM OSLER, of Philadelphia, will deliver the next Cartwright lectures.

The Louisville Medical News.

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ELECTROLYZATION.

In our last issue appeared a translation of a communication made by Dr. Broudel to the Academy of Medicine of Paris at its regular meeting, September 22d, respecting a method of administering medicines by electrolysis. As a fit companion piece we present the following translation, from *La Semaine Medicale*, of a report made to the Academy at the next meeting by M. Dujardin Beaumetz:

With reference to the communication made at the last session by M. Broudel on a new method of administering medicines by electrolysis, I requested that gentleman to kindly repeat his experiments under my supervision. His discovery, if discovery it was (I was then ignorant of the claims of priority just sent to the Academy by MM. Onimus and Courserrant), constituted in effect a veritable revolution in therapeutics, and I was happy to become fully advised in regard to it. M. Broudel accorded my request with good grace, and came in person to make the following experiment, one of those of which he had spoken. A circular plate of amadou, steeped in a solution of iodide of potassium was placed on the back of a patient, and put in communication with the negative pole of a pile, while the positive pole was placed on the abdomen, separated from the skin by a conductive plate containing a solution of starch. The passage of the current produced no phenomenon whatever.

At a given moment, M. Broudel having changed the position of the starched plate, this suddenly took on the characteristic blue coloring. Struck by this circumstance I asked M. Broudel if he had made his previous experiments entirely alone, and upon his responding in the affirmative, I saw all at once the cause of his mistake. As elsewhere, with absolute inadvertence, using the same hand to apply the starched plate and that containing the iodized solution, a small quantity of the latter had become mixed with the starch, and was decomposed under the influence of the passage of the current. In this way had been produced the coloring which had caused him to think that the medicament went from one pole to the other by traversing the interposed tissues.

M. Broudel further acknowledged, with entire good faith, that he had made a mistake in experimentation.

The President: The communication of M. Dujardin Beaumetz will serve at the same time as an answer to the claims of priority which were read at the beginning of this meeting.

Of this remarkable medical episode and its sequel, it may be said that it illustrates with sad ridiculousness a too prevalent habit of the medical profession—indeed, we might say of humanity. When M. Broudel announced, not to the ignorant populace, but to the Academy of Paris, that he had discovered a new, agreeable, and above all, an effective way of administering medicines, we were inclined to think that among his large claims there was room for much of truth, and were ready to believe with M. Dujardin Beaumetz, that the discovery amounted to a therapeutic revolution.

When the vast import of such a discovery is considered, one readily sympathizes with the spirit which characterized the author's presentation of his claims, and excuses the jealousy of Onimus and Courserrant and their promptitude in presenting their own claims to priority in the new device. But the most impressive scene in the play is the resignation with which M. Broudel permits M. Beaumetz to strip him of the laurels that seemed already to have marked him as consecrated to a niche in the Temple of Fame. In thus maintaining his temper and good breeding, he may be said to have mounted at least to the lower heights of sublimity.

At this point it might be well to inquire after those uterine fibroids, perimetritis, rheumatics, ovarian neuralgias, etc., which M. Broudel had already cured by electrolyzation before he became convinced that he had been following an *ignis-fatuus*. Did the distressing symptoms, subjective and objective, which are characteristic of these neoplasms, return to vex the unhappy women who erst had left the doctor's hand sound and well under the magic spell of the great discovery, or were they phantom tumors, coming and going at the 'hest of hysteric fancy? Did the perimetritis come again to rack the frame and jeopardize the life of its victim? And the frolicsome neuralgias and rheumatisms, were they conjured back to their accustomed work of torture? If such a catalogue of recurrent ills can be credited to the heartless curiosity of M. Beaumetz, and his persistency in restoring the *status quo* of the therapeutic question, then did he a cruel thing indeed.

But this little incident, the ten thousandth and odd of its class, should not be allowed to pass without its lesson.

If all were true that has been certified even by physicians in regard to medicines and therapeutic measures, there would be no longer need of the profession. The sick man could hardly be cast into a fence corner from which he could not reach out and grasp a weed that would heal him, or, if in the city, he need but touch some wire, knob, or brush, or stand upon some stool which holds the thaumaturgic power to banish disease and summon back to healthy play the waning forces of life.

In all seriousness it is time that physicians should come to observe in experiments the careful analysis and rigid logic that characterize experimenters in physical science. The very uncertainties and difficulties of the subject furnish all the greater reason for the exercise of the most extreme care in estimating the scientific value of any series of observations, and long suffering diffidence in bringing them before the world.

Bibliography

The Ten Laws of Health; or how Diseases are Produced and Prevented, and Family Guide to Protection against Epidemic Diseases and other Dangerous Infections. By J. R. BLACK, M. D., Newark, Ohio.

The comprehensive title of this book is fairly justified by the wide range of useful subjects it embraces. The lessons it conveys are sound, instructive, and eminently suggestive. The object of the work is to make popular the most important laws of health and hygiene. The book contains a great deal of sound advice, and is written in a plain and lucid manner, singularly free from technicalities. It is such a book as might be profitably read in every family, and by every teacher.

D. T. S.

Inebriism: a Pathological and Psychological Study. By T. L. WRIGHT, M. D., Member of the Association for the Cure of Inebriates, Columbus, Ohio. 12mo, pp. 222; cloth. William Hubbard. 1885.

Dr. Wright in this little volume endeavors to portray the evil influences of alcohol upon the organism, and enters upon the task with the zeal characteristic of the reformer. There seems to be a very limited amount of instability of nerve, or moral obtuseness among men that the author would not ascribe to the influence of alcohol exerted either directly or by inheritance. With this as a text, the doctor interweaves a great deal of mental pathology and physiology as found in the more philosophic of the standard authors.

D. T. S.

The Physician's Visiting List (Lindsay & Blakiston's) for 1886. Thirty-fifth year of its publication. Philadelphia: P. Blakiston, Son & Co. (successors to Lindsay & Blakiston), 1012 Walnut Street. Sold by all booksellers and druggists.

The list for 1886 contains the Calendar, List of Poisons and Antidotes, Dose Tables, rewritten in accordance with the sixth revision of the United States Pharmacopeia; Marshall Hall's Ready Method in Asphyxia, lists of New Remedies, Sylvester's Method for Producing Artificial Respiration, with illustrations; Diagram for Diagnosing Diseases of Heart, Lungs, etc. The List shows several points of improvement over the older editions, and demonstrates beyond question its worthiness of continued professional favor.

A Text-Book of Pharmacology, Therapeutics, and Materia Medica. By T. Lauder Brunton, M. D., D. Sc., F. R. S., F. R. C. P., Assistant Physician and Lecturer on Materia Medica at St. Bartholomew's Hospital; Examiner in Materia Medica in the University of London, in the Victoria University, and in the Royal College of Physicians, London; Late Examiner in the University of Edinburgh. Adapted to the United States Pharmacopeia. By Francis H. Williams, M. D., Boston, Mass. 8vo, pp. 1035. Cloth, \$5.50; leather, \$6.50. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

The Pedigree of Disease, being six Lectures on Temperament, Idiosyncrasy and Diathesis, delivered in the Theater of the Royal College of Surgeons in the Session of 1881. By Jonathan Hutchinson, F.R.S., late Professor of Surgery and Pathology in the College; Emeritus Professor of Surgery in the London Hospital, President of the Ophthalmological Society, etc. 8vo, pp. 113; cloth. New York: William Wood & Co. 1885.

Epitome of Diseases of the Skin, being an abstract of a Course of Lectures delivered in the University of Pennsylvania during the session of 1883 and 1884. By Louis A. Duhring, M. D., Professor of Skin Diseases. Reported by Henry Wile, M. D., Clinical Assistant in the Department of Skin Diseases in the University Hospital. Philadelphia: J. B. Lippincott & Co. 1886. 16mo, pp. 130. Cloth, price 60 cts.

Manual of the Diseases of Women, being a concise and systematic Exposition of the Theory and Practice of Gynecology, for the use of Students and Practitioners. By Charles H. May, M. D., Late House Physician, Mount Sinai Hospital, New York; Assistant to the chair of Ophthalmology, New York Polyclinic, etc. 12mo, pp. 357; cloth. Philadelphia: Lea Brothers & Co. 1885.

Post-mortem Examinations, with especial reference to Medico-Legal Practice. By Prof. Rudolph Virchow, of Berlin Charity Hospital. Translated by T. P. Smith, M.D., Member of the Royal College of Surgeons, England; with additional and new plates, from the fourth German edition. 12mo, pp. 138. Cloth, price \$1. Philadelphia: P. Blakiston, Son & Co. 1885.

Clinical Therapeutics; Lectures on Practical Medicine, delivered in the Hospital San Antoine, Paris, France. By Professor Dujardin Beaumetz, Physician to the Cochin Hospital, Member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine.

The Treatment of Nervous Diseases, of General Diseases, and of Fevers. Translated by E. P. Hurd, M. D., Member of the Massachusetts Medical Society, Vice-President of the North Boston Medical Society, one of the Physicians to the Anna Jaques Hospital, Newburyport, Massachusetts. Detroit, Michigan: George S. Davis. 8vo, pp. xvii, and 491. 1885.

Applied Medical Chemistry: a Manual for Students and Practitioners of Medicine. By Lawrence Wolff, M. D., demonstrator of Chemistry, Jefferson Medical College, Member of the German Chemical Society, etc. 8vo, pp. 174. Cloth, price \$1.50. Philadelphia: P. Blakiston, Son & Co. 1885.

Avena Sativa in the Treatment of Opium Addiction, a Therapeutic Fraud, a Delusion, and a Snare. By J. B. Mattison, M.D., Brooklyn, New York. Reprint from Medical Bulletin. October, 1885.

Correspondence.

Editor Louisville Medical News:

On the 20th inst. I was called in consultation with Dr. T. G. Patterson to see Mrs. Conch, a lady of twenty-eight years, taken in premature labor. When I arrived the Doctor had delivered her of three babies, and I proceeded to deliver her of two more, making five in all. I believe they were all alive, but died soon after birth. They were all fully developed for six months' children. The after-birth, which was solid, came away immediately, and the mother is getting along well at the present time. Now, Mr. Editor, this will give you an idea of our resources for population and the broad principles we propose to do business on in Texas.

Respectfully,

H. A. HENRY.

SAVOY, TEXAS, Oct. 22, 1885.

CINCINNATI ACADEMY OF MEDICINE.—On Monday evening, November 2d, Dr. A. B. Thrasher will read a paper on Follicular Pharyngitis.

Societies.

PHILADELPHIA CLINICAL SOCIETY.

Stated Meeting, September 25, 1885. The President, Dr. Edward E. Montgomery, in the chair.

Dr. J. G. Heilman reported a case of empyema.

"The case to which I direct your attention is that of E. M., aged nine years. His family history indicates some tendency to pulmonary disease, but his health has always been good. I was called to see him April 24, 1885, and found him suffering from an attack of measles; the case, however, presented nothing unusual until April 29th, when pneumonia, limited to the lower lobe of the left lung, set in, and the case became more serious. Two days later, May 1st, I was hastily summoned and found him suffering with intense pain on the left side of his chest, and excessively nervous. The symptoms suggested pleurisy, which the physical signs showed to be present. An opiate, with counter-irritants, afforded relief, but on the following day there was a decided effusion which continued to increase in quantity until it filled the entire pleural cavity on the left side. Respiration being entirely suspended on that side, the dyspnea was very great. Temperature ranged between 102° and 103.5° . The acute symptoms gradually abated, but there was very little decrease in the quantity of effusion. By May 13th, two weeks after the beginning of the attack, he seemed fairly comfortable, temperature ranging between normal and 99.5° . On measuring the chest the affected side was found to be one inch larger than the other. The percussion note was still non-resonant; respiratory sounds and movements were absent. Absorption seemed to have commenced when the patient's stomach became so irritable that scarcely any nourishment could be given for a week, and the effusion again filled the left pleural cavity; and in spite of quinia, potassium iodide, Basham's mixture, hydragogue cathartics (with tincture of iodine and cantharidal colloidion externally), the patient gradually grew worse. The temperature, however, during this period never rose above 100° , nor the pulse above 95, except temporarily after exertion or following an attack of nervousness. On June 19th Dr. E. R. Stone saw the case with me, and we concluded that paracentesis was the only measure that promised relief. The condition of the

patient at this time was not so serious as to cause us to suspect the presence of pus.

His appetite was fairly good, he spent a portion of each day on the streets, had fever only occasionally, and slept well. There was dyspnea, but not to so marked a degree as would be expected in a case of this character. On June 23d Dr. Stone and I introduced an aspirating needle into the pleural cavity and withdrew eighteen ounces of pus. No unpleasant symptoms attended the operation, and marked relief was afforded. The lung expanded, and twelve hours later I found a good respiratory murmur at the apex. The improvement was but temporary, and a week later the entire cavity had again filled. We now decided to use the aspirator daily and remove as much of the fluid as the patient could bear.

To obviate the necessity of a daily puncture with the needle, we decided to introduce a tube and retain it in position. With a trocar and canula, such as is generally used for tapping the abdominal cavity, we made a puncture and, after withdrawing the trocar, passed a soft rubber catheter through the canula. The latter ends were drawn out over the catheter, thus leaving in the pleural cavity a tube to which the aspirator could be attached at any time. As the puncture through the chest-wall was no larger than the diameter of the tube, there was no danger of air passing in. The tube was held in position by a strip of adhesive plaster, and closed by a wooden peg when not attached to the aspirator.

June 30th, 16 oz. of pus were withdrawn; July 1st, 14 oz.; July 2d, 10 oz.; July 3d, 7 oz.; July 4th, 3 oz.; July 5th, 5 oz.; July 6th, 7 oz.; July 7th, 6 oz.; July 8th, 2 oz. Total amount of pus removed was 88 ounces. The aspiration of July 8th was followed by a little blood. From July 9th to the 14th a daily trial was made, but no further discharge took place. On the 11th instant a little water was injected, but immediately was forced out between the chest wall and the tube. The lung in the meantime had expanded, and an almost normal respiratory murmur was noted over nearly the entire chest, with good percussion resonance. On July 13th I injected water again, with the same result as before. On the 14th, on consultation with Dr. W. F. Buchanan, the tube was removed and the wound was closed with adhesive plaster. The left side at this time measured fully seven eighths of an inch less than the right side.

The patient's condition had now decidedly improved; his appetite was very good and his strength was returning rapidly. He is to-day in very good condition; goes to school, is active in out-door plays, and has gained ten pounds in weight during the last month.

The points of interest in the case are:

1. The length of time during which the lung was compressed, viz., *seven* weeks from the beginning of the effusion until the aspirator was first used; *eight* weeks before a regular systematic effort was made to remove the pus. Yet the lung steadily expanded as the pus was removed, and filled up the vacuum created.

2. The time required for the removal of the entire quantity of pus, *nine days*. There was no discharge after that time, and the tube might safely have been removed then.

3. No antiseptic solution was injected, indeed no attempt was made to wash out the pleural cavity. It is true that a small quantity of water (not more than f.3ij) was injected twice; but this was done for the purpose of removing any clots that might be obstructing the tube. I am aware that this was not in accord with modern teachings and practice, but it is difficult to see how antiseptic washes could have hastened the recovery of the patient. The aspirator in the treatment of these cases possesses, it seems to me, so many advantages that I can scarcely conceive of a case where we would be justified in resorting to the old method of open drainage. The simplicity of the operation in the one case, and its difficulty and gravity in the other, is a point worthy of consideration. It is a trifling matter to puncture the chest-wall with a small trocar and canula, but in a patient already exhausted often a most serious one to make two large openings and remove portions of the ribs. Cleanliness is another point for consideration. In the case just reported not a drop of pus escaped except when the aspirator was used. There was absolutely no unpleasant odor at any time, nor soiling of the patient's clothing, both so annoying where an open drainage-tube is used. A still greater advantage, in my opinion, is the control it gives the physician over the expansion of the lung. He can cause it to expand rapidly or slowly, at his pleasure. The expansion being a gradual one, those distressing symptoms which so often result from a sudden removal of the fluid are avoided."

The patient was then exhibited, the two sides of the chest resembled each other in contour. Dr. Heilman said that on measurement a few days ago the left side was only one fourth inch smaller than the right. Percussion note same on the two sides.

In the discussion Dr. Collins remarked that he noticed a slight friction sound on the affected side, which was probably due to a deposit of lymph on the pleural membrane; he thought if aspiration had been done earlier there would have been less danger of a deposit. He considered it an advantage to aspirate early, would not hesitate to operate at the end of fourteen days. In regard to the use of antiseptics he did not consider them necessary, as with the aspirator no air enters the pleural cavity.

Dr. Beates said that in his experience the entrance of air into the pleural cavity had caused no unfavorable symptoms.

Dr. Heilman in closing the discussion said that he had used the aspirator as soon as the consent of the parents could be gained; they were very much averse to an operation. The pleural cavity was entirely filled and there was some trouble in finding the intercostal space on this account. He considered that the escape of blood was due to the aspirator.

Dr. Edward E. Montgomery read a paper on Tracheotomy in Croup and Diphtheria, which will be published in full, in the Archives of Pediatrics.

MARY WILLITS, M. D.,
Reporting Secretary.

Selections.

A CASE OF HYSTERECTOMY IN WHICH REMOVAL OF THE APPENDAGES HAD FAILED TO ARREST THE HEMORRHAGE OR GROWTH OF THE TUMOR.—Mrs. A. P., aged forty, was placed under my care by Dr. Lycett, of Wolverhampton, in January, 1882. She had a large myoma, which caused persistent hemorrhage. For its treatment, I proposed the removal of the appendages, and proceeded with this operation on January 4, 1882. I removed the left tube and ovary, as I thought at the time, completely, but the right tube and ovary could nowhere be found, although I extended my incision to the extreme length of eleven inches and a half, and pulled the tumor right out of the abdomen. Still, I could not find any trace of the ovary or tube on the right side. I replaced the

tumor, and the patient made an admirable recovery. But neither the growth of the tumor nor the recurrence of menstrual hemorrhage were in the least degree affected by that operation. In March, 1884, she again came under my care for the purpose of having the tumor removed. It had increased to quite three times the size it was in 1882, and her condition was that of extreme debility and anemia from hemorrhage. I opened the abdomen on March 25th, for the purpose of removing the tumor; but the hemorrhage was so terrific from the adhesions which had to be separated, that I desisted, and closed the wound. The patient went home in about three weeks, with no other hope before her than that of a speedy death. She was one of the thirteen cases of which I spoke to the British Gynecological Society a few months ago, which then were known to me to be in progress of death from bleeding myomata. The only remaining interest which I had in the case was the expectation of having a *post-mortem* examination, to discover, if possible, why my original operation had failed.

One day early in August, I happened to be in Wolverhampton, and called to see how the patient was, and, to my surprise, found her still alive, and able to get about in a sort of fashion, with the hemorrhage still going on, and certainly no kind of improvement effected in her condition. The tumor had grown until it occupied the whole abdomen, and interfered very much with her breathing. The patient was extremely thin, and of a most ghastly color. She is a woman of remarkable pluck, and when I suggested to her that, if she liked, I would try the operation of removal of the tumor once more, explaining to her that I would complete the operation, no matter what it cost, she yielded a ready consent. Therefore, again, on September 5th, assisted by Mr. J. W. Taylor, I succeeded in removing a tumor somewhere about forty pounds in weight. The adhesions were all in front on the line of the old incision. The tumor itself proved to be, as I had all along suspected, one of the large soft edematous myomata, occupying the anterior wall of the uterus, the cavity of the organ lying quite behind it, and measuring nine inches long, and three and a half inches wide at the base. After removal of the tumor, about four quarts of serum exuded from it in the course of a few hours. The pedicle was broad, but easily secured by a clamp. The patient has made a rapid and easy recovery.

Very careful examinations of the tumor were made independently by Mr. Taylor and myself, and we came exactly to the same conclusions, which are as follows: That there was no aperture on the right corner of the uterus, and that there was no trace of the right ovary or tube. The aperture on the left corner of the uterus was large enough to admit a No. 5 catheter, and there was more than two inches of the left fallopian tube outside, which had not been removed at the original operation. No trace could be discovered of the left ovary. This ovary, fortunately, I had preserved, and, when I re-examined the organ which had been removed on January 4, 1882, I found that its removal had been quite complete, but only about one inch of the outer part of the fallopian tube had been removed with it. Here, then we have an extremely curious condition. The appendages on the right side were congenitally absent. The failure of the removal of the uterine appendages to arrest the growth of this tumor had always been regarded by me as due to the fact that the tumor was one of the soft edematous myomata, and the case is alluded to in my recent paper in the British Medical Journal as No. xxv., and as being the only real failure in my experience up to the time included in that paper. Now, the evidence is to the effect that the failure was due, not to the peculiar nature of the tumor, but to the fact that I did not completely remove the only fallopian tube which the woman possessed. In speaking of the cases of myoma, I have recently alluded to three cases in my experience where I have failed to arrest the growth of the tumors by removal of the appendages. In all three cases, I have regarded the reason of this failure as being due to the nature of the tumor, that of edematous myoma. In this, the first of the three cases in which I have had an opportunity of verifying the accuracy of my opinion, my view of the tumor has been correct, but it seems to me far more probable that the failure of my first operation was due to the incomplete removal of the tube, than to the intrinsic quality of the tumor. I need not point out that this case goes a long way to show that removal of the ovaries has nothing to do with the brilliant results of these operations for bleeding myoma. As I have often said, in many cases I have deliberately left the ovaries, and yet success has been perfect. In this, the ovary was absolutely removed, and the operation failed. This case is one

of thirteen patients who were in the process of death from myoma, to whom I alluded in a speech made to the British Gynecological Society. I hope to be able still further to reduce the list after such an encouraging experience.

I have just received a letter from my friend, Dr. Keith, in which he tells me, to my intense delight, that he has been able successfully to remove another from this list of impending fatalities. I have not the slightest doubt that, in every one of those thirteen cases, if the operation were done under the improved methods of Dr. Keith, we should have a successful result. But, unfortunately, the patients shrink from the proceeding from which alone they can derive any prospect of benefit.—*Lawson Tait, F. R. C. S., in British Medical Journal.*

PUERPERAL DIPHTHERIA.—In speaking of the pathological anatomy of this disease, Dr. Henry J. Garrigues, in a paper presented to the American Gynecological Society (Boston Medical and Surgical Journal), said: The characteristic feature of the disease is the diphtheritic infiltration, which is usually of light pearl-gray color, generally appearing in small spots and coalescing or extending by involving new areas. The exudation is firmly adherent to and imbedded in the underlying tissue. It is most marked at the points where the canal becomes narrow. This may be explained by the more frequent occurrence of lacerations at this point. The posterior wall of the vagina is more commonly attacked than the anterior wall, which is probably due to the fact that it is bathed with the discharges from the uterus. The exudation may, however, appear on entirely healthy portions of mucous membrane, which have not been the seat of laceration. The surrounding parts are more or less swollen. The connective tissue of the pelvis is infiltrated with serous fluid, and is sometimes the seat of ecchymosis. The skin is sometimes the seat of a dusky erythema, consisting of minute spots, disappearing on pressure and not elevated. In one case petechie as large as hempseed existed. These were not affected by pressure. The same patient later developed erysipelas.

In five cases, ending fatally, autopsies were made. The uterus was much enlarged, sometimes reaching almost to the umbilicus two weeks after labor.

The cervix may be torn, showing diphtheritic patches or a thin gray film. In two

cases, large portions of the cervix sloughed and the vagina became gangrenous. The tissue of the uterus is friable and may be almost diffuent. The diphtheritic exudation may affect the fallopian tubes. In some cases the muscular tissue of the uterus is scooped out as in dissecting typhus, of which I have described several cases. This occurred in four of the cases of puerperal diphtheria. In one case the mass thrown off was four inches long, two inches wide, and one inch thick. These masses have a pear shape, their outer surface is of a gray color, the inner surface flesh color. They are perforated with a number of holes leading into uterine sinuses. Under the microscope these masses are shown to consist of smooth muscular fiber in a more or less advanced state of fatty degeneration. The connective tissue is increased. Lesions were also found in other organs and occasionally in the joints.

Difficult labors and a previous weakened condition of the patient predisposed to the development of the condition. The real cause of the disease is, however, an infection from the outside. I have never been able to convince myself that the poison passed from one patient to the other, but it seems to be in the air of the ward. When a ward has been fumigated with sulphurous acid there would not be a seriously sick patient for weeks. That the poison comes from the outside is also shown by the fact that when the prophylactic treatment, to which I shall refer, is adopted, the disease does not develop.

The first symptom which shows a deviation from a normal course is usually the occurrence of fever, which mostly appears from two to four days after delivery. Sometimes there will be a chill or chilly feeling. The temperature rises gradually, as a rule. It has ranged from 100.6° to 107° , the average being from 102° to 104° . Anorexia, vomiting, coated tongue, and diarrhea witness the disturbance of the gastro-intestinal canal. The patient complains of pain in the epigastrium and one or both groins, sometimes extending into the legs. Examination shows the uterus larger than it should be, and quite tender. Tenderness is often also found in the groins, and some swelling may also be observed. The lochial discharge is often scanty and offensive, but in some cases it has been normal. In those cases in which there was expulsion of the tissues of the uterus, there has been a purulent discharge until expulsion has been accom-

plished. The diphtheritic patch commonly appears from three to seven days after delivery. It continues to spread for several days, and usually stops in from three to eight days after the beginning of treatment. In one case the diphtheritic patches also appeared on the tongue, indicating that the disease is identical with the ordinary form of diphtheria attacking the throat. The irritation of the nervous system is evidenced by headache, stupor, and delirium. There is alteration of the renal secretion, and sometimes there is painful micturition. Three patients had albuminuria. In two cases jaundice bore testimony to the perverted condition of the blood. The sweet breath and profuse sweats of septicemia were observed twice. One patient developed painful arthritis of the elbow-joint. When once the diphtheritic process was arrested, the patients recovered rapidly.

There is scarcely any difficulty in the diagnosis. When the injections of bichloride of mercury are employed, they cause a yellow discoloration of abraded surfaces. This is strictly limited to the abraded surface, and is unaccompanied with general symptoms. When the chloride of zinc is applied to the affected surface in the treatment of the disease, a slough is caused, having the color of the deposit, and the physician is sometimes at a loss to determine whether or not the disease is spreading. The point is decided by noting where the application is made and by observing the edge of the deposit. The diphtheritic deposit has a scalloped outline, while the outline of the slough is smooth.

As to prognosis, five out of twenty-nine cases died, giving a mortality of 17.2 per cent. Another of the cases might have survived, for she lived thirty-two days and died from rupture of the uterus while an assistant was using an intra-uterine injection. The post-mortem showed the walls of the uterus to be extremely thin. The duration of the cases ending in recovery is usually about two weeks. In those cases in which a portion of the uterus is scooped out the organ is left in a weakened condition, which in future pregnancies may predispose to rupture of the uterus.

In the way of prophylaxis, it is recommended to limit the vaginal examinations during labor as much as possible. The finger or hand should not be introduced into the uterus unless absolutely necessary. The delivery should be so accomplished as to avoid as much as possible wounding of the

genital canal. Instruments should be used with care. The most important element in the prophylaxis is the use of bichloride of mercury as an antiseptic. Every thing coming in contact with the patient should be washed in the solution of corrosive sublimate, one to two thousand. After this treatment was introduced only one case appeared in six months, and that was due to carelessness on the part of a resident who delivered a woman immediately after removing a macerated fetus from another patient.

After the disease appears the treatment must be energetic. The only treatment that has given me satisfaction is that with chloride of zinc. The affected parts are touched with a solution consisting of equal parts of chloride of zinc and distilled water. This is rather painful, and an anesthetic may be used. A warm solution of corrosive sublimate, one to two thousand, is used for intra-uterine injection where this is required, and subsequently a suppository of fifteen grains of iodoform is introduced. If this is done the process need not be repeated more than once in the twenty-four hours. The vagina is to be douched every three hours. The parts should be examined every day, and if the process is not arrested the chloride of zinc is to be repeated. If the disease is limited to the vagina and vulva, the intra-uterine treatment is omitted. Extract of ergot is also given, with the hope of causing contraction of the uterus. Morphia, quinia, and digitalis are used as indicated. High temperature is combated with sponge bathing, salicylic acid, and, if necessary, the rubber coil and ice-water. Carbolic acid is also given, sometimes combined with compound tincture of iodine. If the temperature is not very high, warm poultices are preferred to the ice-bag and coil. Where there is diarrhea, warm poultices are also considered profitable.

Samples of the occlusion bandage, to be used after labor, were exhibited. They consisted of a pad of absorbent cotton wet with the corrosive sublimate solution, over this a piece of oiled muslin or rubber cloth, and over all another piece of absorbent cotton and a piece of muslin or flannel to attach it to the binder.

SANTONIN IN AMENORRHEA.—At the risk of being regarded premature, I wish to attract early attention to the therapeutic value of santonin in the treatment of some forms

of amenorrhea, especially when associated with chloro-anemia.

Some years ago, during my attendance upon a young lady of seventeen, suffering from an obstinate ingrowth of a toe-nail, it was incidentally mentioned that the patient had symptoms suggestive of worms. I prescribed ten-grain doses of santonin, to be taken for two consecutive nights, and to be followed each morning by a seidlitz powder. No worms, however, made their appearance, but a few days afterward I was casually told that menstruation, which had been in abeyance for several months, had again taken place, and in a much more healthy manner than formerly. The coincidence did not impress me at the time, and I never for a moment supposed that the reappearance of the catamenia had the most remote connection with the two doses of santonin. The subject did not cross my mind again till upward of twelve months afterward, when one day, while prescribing for a young girl suffering from ozena, I was forcibly struck with her chloro-anemic appearance. Influenced by some impulse—"the association of ideas"—I ordered santonin in the same manner and in the same doses as in the previous case, and, much to my surprise, I must confess, with the same results. I have frequently since administered santonin in amenorrhea with almost universal success, and in many cases after the ordinary remedies, including the permanganate of potash, had been tried in vain. I must admit that I have not had an opportunity in any of my cases to investigate the concurrent uterine pathological condition. I have simply given the drug empirically to all patients who have come under my notice suffering from amenorrhea, with expectant uncertainty. My immediate object is to submit my brief experience to the profession, in the hope that the experience of others may shortly test the potent or valueless influence of the drug in this particular derangement.

One of my cases is, perhaps, worth brief mention, as illustrating in a marked degree the class of cases so frequently brought under professional observation, and one that has received remarkable benefit from the drug. The patient was a young lady sixteen years of age. She was the daughter of an elderly, drunken father, and she had a rheumatic mother. I saw her first when suffering from symptoms which at the time were attributed to ulceration of the stomach, fixed pain, anorexia, rejection of food, general physical prostration, and lassitude.

She had alarming attacks of prolonged faintness, shortness of breath upon the slightest exertion, and obstinate constipation. Her expression was characteristically that of chloro-anemia, and she was emaciated to the last degree. Confinement to bed, and nutritive enemata, exclusively used for alimentation for two months, restored the digestive organs to the tolerance of simple food; santonin promptly corrected the menstrual function, and at the same time appeared like magic to restore the patient to robust health. Ever since any omission of the period has been immediately rectified by a single dose of santonin.

In cases of chloro-anemia, subordinate to amenorrhea, the drug appears to be of the most signal value, as I have invariably noticed that with the return of menstruation, or a discharge of blood from the vagina equivalent in effect, every symptom has rapidly subsided. The mere discharge of blood immediately following the administration of the drug will not, I suppose, be accepted by some as normal menstruation, but as a fictitious substitute; it must, however, be admitted that the practical value is established when the discharge, be it vicarious or otherwise, is followed by the amelioration of the chloro-anemia, which in reality constitutes the pressing ailment we have to contend with, rather than the mere absence of menstruation.

Whether santonin, or any other drug, is in a true sense a genuine emmenagogue, is very doubtful, for if we regard menstruation as coincident with ovulation, and ovulation the periodic rupture of a Graafian follicle, we can not expect the ovaries to assume this complex physiological process of definite periodic rotation at will; nevertheless, if a single dose of santonin will immediately produce the apparently normal performance of the function, together with other consensual phenomena, when they have been dormant for several months, it is entitled to some further distinction in the Pharmacopeia than that of being simply a vermifuge. It would be necessary to accept a theory that ovulation could at a certain stage be temporarily suspended, and capable of being immediately accelerated under the influence of certain induced conditions, before we could acknowledge the action of santonin as a true emmenagogue.

Walter Whitehead, in Manchester Lancet.

THE PATHOGENY OF GENERAL PARALYSIS.
In his work on The Progressive Paralysis

of the Insane, Dr. Mendel advocates the view that the conditions which give rise to the disease consist in an active hyperemia in the cortical substance of the brain, and a diseased condition of the vessels, which give rise to an escape of the constituents of the blood into the surrounding tissues. As a consequence of this osmosis and diapedesis, we find a proliferation of the glia cells and connective tissue and an atrophy of the nervous elements. If this theory be correct, pathological changes, similar to those of general paralysis, must obviously occur in animals subjected to conditions giving rise to such an escape of blood. The experimental demonstration, therefore, required that a method should be devised by which the intravascular pressure were so increased as to produce exudation into the cortical matter. The author showed (Berlin Academy of Sciences, April 17, 1884,) that, when a narcotized dog is fixed upon a horizontally-revolving wheel, with its head to the periphery, half an hour's rotation, at the rate of one hundred and twenty turns a minute, makes the white matter of the brain anemic, while the gray matter, the meninges, and skull-cap, are gorged with blood, punctiform hemorrhages being peculiarly abundant in the neighborhood of the sulcus cruciatus. The same process applied to a much milder degree—for five minutes only—produces no such serious disturbances; the animal manifests nothing but the usual symptoms of giddiness, which rapidly pass off. But it was found that by daily repetitions during a fortnight this apparently innocuous rotation gives rise to a general apathy, as well as a loss of muscular sense in the posterior extremities. These symptoms do not disappear if the animal be now left to itself and all its wants well provided for; on the contrary, they become accentuated week by week, the apathy giving place to imbecility, and extensive motor disturbances being developed; complete loss of muscular sense in the four extremities culminating in paralysis, paresis of neck and trunk-muscles, altered bark, and impeded micturition. The appetite is good, yet the body-weight goes on diminishing, and death occurs, with all the symptoms of general paralysis. The post-mortem appearances bear a striking likeness to those observed in the general progressive paralysis of the insane. The dura mater is found adherent to the calvarium, and to the pia and cortex in the neighborhood of the sulcus cruciatus; the brain-substance is de-

pressed here, as well as in the anterior lobe; the pia mater was opaque, especially along the vessels, and adherent to the cortex. The histological changes were most apparent about the sulcus cruciatus and Sylvian fissure, and consisted chiefly of proliferation of nuclei and neuroglia-cells, new formation of vessels, and alteration of ganglion cells. It is worthy of notice that rotation experiments made with the head centrally placed gave rise to cerebral anemia, but were followed by no special results—*British Medical Journal*.

WHEN DOES SYPHILIS BECOME CONSTITUTIONAL?—Discussing this interesting question in the *Nordist Medicinskt Arkiv*, 1885, Dr. Pontoppidan states his belief that the first manifestation of syphilis (the chancre), in its early stage, is a local disease, but that the syphilitic virus will infiltrate the adjacent tissues and glands in a short time afterward. This period he places at two or three weeks. He claims that constitutional infiltration does not take place during the first stage or period of latency of the syphilitic virus. In support of his views he reports five cases, out of a large number experimented upon at the Copenhagen Hospital, in which auto-inoculations were made. The following case will serve as an example, as they are all similar: L. A. was placed in the hospital August 12th, with a small foul ulcer in the sulcus coronarius, and reported infected sixteen days prior. The second day the ulcer was cleaner but somewhat increased in size, with hard infiltration. Inoculation was then performed in three places upon the abdomen of the patient, which the fourth day was noticed as without effect. The sixth day the places of inoculation were hardly perceptible. The fifteenth day adenitis inguinalis was in existence. On the seventeenth day at the place of one of the inoculations a little red, not elevated, spot was seen. The nineteenth day induration was noticed; the red spot increased in size and was slightly elevated; no constitutional symptoms. On the twenty-fifth day the papule was about the size of a pea, elevated and hard; syphilis had then appeared. Syphilitic maculæ were seen on the tonsils, and slight enlargement of the glands about the neck. Constitutional treatment was resorted to. The fortieth day the local lesion, both on penis and places of inoculation, had disappeared. Here, what appeared to be a negative result at first, developed, after a certain pe-

riod of incubation, the characteristic signs of syphilis. If this second inoculation be performed before the initial sclerosis or chancre has had time to entirely poison the organism, the result remains negative at first, but the period of incubation being completed, a new sclerosis is developed. The writer quotes Wallace, Puche, Boeck, and others as having reported cases where secondary inoculation had given rise to one or more fully developed lesions, where the virus was taken from a chancre and inoculated upon the affected individual. From his observations he believes that the chancre thus obtained will disappear before full development if the inoculation be not performed in the early part of the secondary stage, from the fact that the infiltration from the first lesion has become universal.—*Medical Record*.

THE ETIOLOGY OF GOITRE.—During the past two years, our knowledge of the functions of the thyroid gland has been materially increased; we have learnt that the gland has an important influence on the whole economy, and that the suspension of its functions is followed by a peculiar form of degeneration which shows itself by a variety of apparently dissimilar symptoms, the most conspicuous being a mucoid degeneration of the connective tissue, a condition of anemia, and a progressive mental hebetude. Dr. Thursfield has opportunely come forward with a thoughtful paper on the Etiology of Goitre in England, read before the Society of Medical Officers of Health. He has not, it is true, made as much use of recent observation and experiment as might have been anticipated, but he has succeeded in looking at the subject from a larger point of view than has usually been reached by writers on the subject. Starting from the known fact that the thyroid is a highly expansible organ liable to become larger under various physiological conditions, he has looked to the causes which might tend to perpetuate a state which in health is short and intermittent. First of these causes he places a diminished atmospheric pressure; in hilly districts, therefore, enlargement of the thyroid appears at an early age, and is, according to Dr. Thursfield, even more common below the age of puberty than above; at puberty the enlargement usually ceases, but occasionally it becomes more marked, whence has arisen the impression that the enlargement is connected with the first appearance of catamenia. Given, then, a tendency

toward enlargement of the thyroid, owing to the low atmospheric pressure of hilly regions, he argues that the habit of carrying weights on the head strongly reinforces the tendency by interfering with the cerebral circulation. He confirms the statement that this practice, if it come into operation about the time of puberty, leads to a greater prevalence of goitre in a hilly region; and that, after its abandonment, goitre is less often met with. Dr. Thursfield is inclined to minimize the importance of drinking-water in the production of the disease. The extraordinary discrepancies between the various theories and statements on this head have never been reconciled, and appear to show that the influence thus exerted is not great. He supports the view that the injurious ingredient is iron, and argues that a long-continued excessive ingestion of this food might, by throwing additional work on the thyroid, which has probably for one of its functions depuration of the blood, if not hematopoiesis, lead to hypertrophy of the gland. The most valuable part of the paper is the discussion of the influence of the habit of carrying weights on the head, and the facts adduced ought to be sufficient to give the theory a place in the text-books. Endemic goitre is believed to be diminishing, even in the districts in England where it was once most common. The habit of carrying water, baskets, and bundles on the head was picturesque, but if its abandonment be followed by the disappearance of the hideous deformities which goitre used to produce, the abandonment will be a gain, even from the esthetic point of view.—*Brit. Med. Journal*.

THE CURE OF EXTRA-UTERINE FETATION BY ELECTRICITY.—It may be regarded as an accomplished and proven fact that electricity in some form is a specific cure for extra-uterine pregnancy. It arrests the growth and destroys the vitality of the embryo and cyst, and its use is followed by a truly remarkable disappearance of all or the greater part of the growth in a short time. This at least is true when the electricity is used during the first half of the pregnancy. As we approach the period of viability in the child the risk of rupture of the cyst diminishes, and the propriety of surgical interference at or near term becomes greater.

The great advantage of the faradic current over all other forms of electricity has been shown, but opinion is not yet settled as to whether we should use a local current for a long time or a strong current briefly,

and how many repetitions of the application are necessary. To determine these points, Dr. Henry G. Landis has conducted a series of experiments which are published in the October number of the American Journal of the Medical Sciences. They are based upon the supposition that success is achieved by the death of the embryo; the specific value of the method being that the fetus will surely be killed if it gets a large enough dose of the current. The experiments are also based upon the supposition that the fetus is, in the matter of vitality, to be compared with some of the lower forms of life.

Dr. Landis draws the following conclusions:

1. In using the faradic current in extra-uterine pregnancy, the applications should be protracted for an hour, if the patient can bear it.

2. The current should be repeatedly applied, in order that the vitality of the fetus may be finally exhausted.

3. The current should for at least one sitting be used in great strength.

4. The current probably acts, not only by destroying the fetus, but by its action upon the placental circulation; an additional reason for a long application.

BORO-GLYCERIDE IN SKIN DISEASES.—Chas. Roberts, F. R. C. S. (British Medical Journal), says he has found this drug a most useful remedy for psoriasis and other scaly forms of skin disease, and especially in allaying the itching which accompanies many forms of skin affections, I venture to call the attention of the profession to its use. A small sample of the preparation sent by the manufacturers happened to reach me while I was treating a very chronic and irritable case of psoriasis with little benefit from the usual remedies, and this coincidence led me to the use of the boro-glyceride as a local remedy with very gratifying results, and I have since employed it with gratifying results in other cases. The action of the drug is certainly not due to the glycerine alone, as I had already tried that substance without permanent benefit. I believe that I was the first, or one of the first, to call attention to the use of liquor carbonis detergens as a local remedy for chronic eczema, and I was led to employ it in the same casual manner. While engaged in making some comparative experiments many years ago at the York Hospital on antiseptics and disinfectants, a sample of

the liquor carbonis was sent to me by the manufacturers, and I immediately extended its use to the treatment of eczema, and especially to the chronic eczematous ulcers of the legs common in the out-patient room of the provincial hospitals. Many patients object to the use of the liquor carbonis on account of its pungent, tarry smell; but no objection of this kind can be advanced against the boro-glyceride, as it is free from scent. It has, however, the drawback of being sticky, like pure glycerine, while it has, on the other hand, the advantage over many other remedies of not being poisonous.

TURPENTINE IN MALIGNANT TUMORS.—Prof. Vingt, of Barcelona, employs a hypodermic injection consisting of one part of turpentine and two parts of alcohol in carcinoma and sarcoma, and has frequently succeeded (as reported in the *Revista de Ciencias Medicas*) in causing these neoplasms to disappear. A local inflammation with fever, lasting about eight days, was the usual consequence of the injection.—*Therap. Gaz.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from October 18, 1885, to October 24, 1885:

Colonel T. A. McParlin, Surgeon, directed to await further orders in New York City. (Letter from A. G. O., October 19, 1885.) *Lieutenant-Colonel E. P. Vollum*, Surgeon, assigned to duty as Attending Surgeon, Headquarters Department Platte, Omaha, Neb., relieving Assistant Surgeon Wm. C. Shannon. (S. O. 103, Dept. Platte, October 15, 1885.) *Major Anthony Heger*, Surgeon, directed in addition to his present duties as member of army medical examining board now in session in New York City, to perform the duties of attending surgeon in that city. (S. O. 240, A. G. O., October 19, 1885.) *Major Joseph C. Baily*, Surgeon, granted leave of absence for twenty days. (S. O. 225, Dept. East, October 19, 1885.)

MARINE MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ended October 24, 1885:

Long, W. H., Surgeon, to proceed to Detroit, Michigan, and assume charge of the service. October 23, 1885. *Austin, H. W.*, Surgeon, to proceed to Albany, N. Y., on special duty. October 14, 1885. *Williams, L. L.*, Assistant Surgeon, relieved from duty at Norfolk, Va., to proceed to Washington, D. C., for temporary duty. October 20, 1885.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÄ."

SATURDAY, NOVEMBER 7, 1885.

Original.

OBSERVATIONS ON SUNSTROKE AND HEAT EXHAUSTION.*

Based on the Record of Fifty Cases Admitted into
the Pennsylvania Hospital from the Middle
of July to the Middle of August, 1885.

BY ORVILLE HORWITZ, M. D.

Resident Physician at the Pennsylvania Hospital.

In presenting this paper to the medical profession, the writer deems it proper to state that it is done solely with a view to call attention to the therapy of the cases of sunstroke and heat exhaustion which were received into the Pennsylvania Hospital during the months of July and August, for he can not help feeling that a line of treatment which will bring about favorable results when the temperature has risen to 112° is worthy of being recorded.

He acknowledges his indebtedness to Dr. Joseph Kirkbride, who was physician in charge of the medical wards of the hospital during the summer months, for permission to publish the results of the cases.

The first patient was admitted on the 16th day of July; the average of the thermometer being 95° F. in the shade.

The second case of sunstroke was received July 17th, when the thermometer stood at 99.5° F. in the shade. This man was brought in at 11 o'clock A. M. He had fallen while employed in loading his cart with dirt.

He was unconscious and very restless. His breathing was noisy and labored; respiration 27; pulse 165, strong and full; temperature 109° .

He was at once immersed in a tub of ice-water and removed, when the temperature fell to 99° F. He was then put to bed and covered with a sheet saturated with ice-

water. Ice was applied to his head. A hypodermic of tincture of digitalis (twenty minims) with an anal injection of antipyrin was administered.

At 11.30 a tendency to convulsions was observed. The temperature was reduced to 102° F. A second injection of antipyrin (twenty grains) was ordered, which had the effect of reducing the temperature to 99.6° F.

Two hours after admission the patient began to regain consciousness, but he appeared to be greatly alarmed, and feared that those about him would do him bodily harm. He very soon became violently delirious, and a state of acute mania was developed. He was cupped at the nape and behind the ears, and about ten ounces of blood were drawn. He now became quiet, when a quarter of a grain of morphia was administered hypodermically.

After the administration of the second dose of antipyrin the temperature never exceeded 99° F. The patient was discharged cured on the ninth day.

The individual who was brought to the hospital on the 21st of July was admitted at 2.30 P. M.; the thermometer at the time stood at 100° F. in the shade. His friends stated that while assisting in laying the street cable he suddenly complained of violent headache, which was followed by vomiting. He drank freely of ice-water and fell unconscious on the street.

When admitted he was completely unconscious; his breathing was labored; his pupils dilated; his skin was of a dark reddish hue; the capillaries filling very slowly when emptied by pressure.

His temperature was 112° F.; pulse 162, and irregular; respiration 33. His sphincters were relaxed, accompanied by involuntary discharges of feces.

Treatment. At 2.45 P. M. he was packed in ice and a bucket of ice-water sprinkled over him with more or less force. Five

*From advanced sheets of the Proceedings of the College of Physicians, of Philadelphia. Communicated, October 7, 1885, by J. M. Da Costa, M. D.

minims of aqua ammonia, with twenty minims of whisky, followed by twenty minims of tincture of digitalis, were administered hypodermically. In fifteen minutes the temperature was reduced to 99.4°.

The ice-water was now removed; he was then covered with a sheet wrung out of ice-water; ice being at the same time applied to the head. His respirations were quick and shallow.

He was now given one sixtieth of a grain of atropia, together with twenty-five minims of whisky. By 3.10 P. M. the temperature had risen to 104.4° F. His pulse being weak, the hypodermic of aqua ammonia and whisky was repeated, and forty grains of antipyrin were administered per anum. At 3.30 P. M. the temperature was 99.4° F., a hypodermic of ether was administered, and the patient was again covered with a wet sheet. At 7 o'clock he was slightly conscious, when he was given ten drops of tincture of digitalis, with a hypodermic of twenty minims of whisky, repeated every fifteen minutes. At 8 o'clock the whisky was omitted and a small quantity of pancreatized milk, with lime-water, ordered. At 9 o'clock calomel (ten grains) bicarb. soda (ten grains), and bromide of sodium (thirty grains) were given; the last-named article to be repeated every third hour.

The patient was somewhat dazed for two or three days; he was discharged cured on the twelfth day after admission.

On the same day, July 21st, a farmer, who had been working in the sun was admitted. He had driven his wagon to market, and on reaching Front Street was seized with a violent headache, accompanied by sickness at the stomach, for which he took a large dose of whisky, and fell to the floor unconscious as soon as the liquor was swallowed.

At 1.30 P. M. he was brought to the hospital. On admission his temperature was 109° F.; pulse 158; respiration 30; pupils contracted; involuntary discharges of feces.

He was at once placed in an ice-bath and given twenty minims of tincture of digitalis with one sixtieth of a grain of atropia. His temperature fell to 99° F., when he was removed to bed and covered with an ice-water sheet; his temperature soon rose to 104.4° F. Antipyrin, sixty grains, per anum, was ordered, and in addition twenty minims of whisky, hypodermically, every fifteen minutes were administered.

An hour and a half after admission the patient was seized with violent convulsions.

A half of a grain of morphia, with one sixtieth of a grain of atropia were administered. He was then placed under the influence of ether. The convulsions continued for the space of an hour, when the administration of musk, in ten-grain doses, per anum, was resorted to. The convulsions entirely ceased after the administration of the third dose of musk.

The individual gradually became conscious. Two days after admission meningitis was developed. He remained in the hospital under treatment for six weeks, when he was discharged cured.

On the 24th of July a woman, who was a cook, was received into the hospital suffering from heat exhaustion. She was a strong, healthy-looking German. When admitted her temperature was 110° F.; pulse 160; respiration 35.

For the first hour after her admission she was treated by Dr. Horwitz; after that she came under the care of Dr. Penrose. She was at once wrapped in a wet sheet, surrounded by pieces of ice, and ice-water was sprinkled over her. A hypodermic of five drops of aq. ammon. fort., twenty-five drops of tinct. digitalis, and subsequently a hypodermic of one sixtieth grain of atropia sulph. were administered. Under this treatment her temperature fell to 99°; pulse 80; respiration 25.

The patient vomited and purged continually. Sinapisms were applied to the chest, abdomen, and thighs, which caused marked reaction. After this, hypodermics of ten minims of tincture of digitalis and ten minims of ether, and a suppository of ten grains of carb. ammonia, were administered. Ice was kept to the head constantly. This line of treatment was continued for fifteen hours. The temperature did not again rise above 100° F.

The patient slowly and gradually recovered, but did not begin to move about the hospital yard until September 19th.

July 26th, a laborer was admitted, who had fallen to the ground while engaged in paving the streets.

When received he was unconscious; his breathing was stertorous; pupils contracted; temperature 108.8° F.; pulse 159; respiration 30; bowels relaxed; he vomited immediately after admission.

An ice-water bath was at once prescribed; a hypodermic of five drops of aqua ammonia administered, followed by twenty minims of tincture of digitalis. In fifteen minutes his temperature fell to 99° F.

He was removed from the tub and covered with a sheet wrung out of ice-water.

Ice was applied to his head. His respiration being short and rapid, one sixtieth of a grain of atropia was ordered. Ether, twenty minims, hypodermically, was administered, and dry cups were applied to the posterior base of the lungs. His temperature now rose to 103.6° , when thirty grains antipyrin were administered per anum.

One hour after admission the patient was seized with violent convulsions, for which was prescribed one half of a grain of sulphate of morphia hypodermically, and he was placed under the influence of ether.

The tendency to convulsions continuing, a suppository of thirty grains of musk was ordered; to be repeated every half hour.

Under the influence of the first dose of antipyrin the temperature fell to 99.6° F.; at the end of a half hour the temperature again rose to 104° F. Sixty grains of antipyrin, dissolved in eight ounces of ice-water, per rectum, were ordered, with the effect of reducing the temperature to 99° F.

About three hours after his admission he became conscious, when he was given ten grains calomel with thirty grains bromide of sodium; the latter to be repeated every three hours. The patient was discharged, cured, August 8th.

The foregoing are presented as types of the fifty cases that were admitted into the Pennsylvania Hospital during the months of July and August with a synopsis of the treatment pursued.

Of those taken into the hospital, twenty-four were cases of sunstroke, and twenty-six suffered from heat exhaustion.

Of the twenty-four cases of sunstroke, nine died. Three died within ten minutes after admission, and can not fairly be said to have been subjected to treatment in the institution.

Four died within six hours after admission. Two died forty-eight hours after.

Of the nine that died, four were hard drinkers; two were strictly temperate, and three drank in moderation. Twenty-one out of the twenty-four had violent convulsions; one had acute mania, lasting one hour and a half.

The maximum temperature was 112° F.; this patient recovered.

The minimum temperature was 94.4 ; this was a case of heat exhaustion.

Twenty out of the twenty-four cases of sunstroke occurred between July 16th and July 26th.

The largest number received on any one day was on Wednesday, July 22d, when nine cases were admitted. The thermometer on that day stood at 93.5° F. in the shade; on the two previous days it rose to 100° F. in the shade.

But two opportunities for post-mortem examinations presented themselves. In one case, which resulted in death ten minutes after admission, the temperature being 109° F., congestion of the lungs and kidneys was found to exist, with slight injection of the arachnoid and pia mater. In the remaining case, the individual dying two days after admission, there were presented the usual evidences of commencing meningitis.

On examination of the blood, the corpuscles were found shriveled in a few cases, but in the majority the microscope revealed no change.

Albumen was present in the urine in all but two cases, and this condition continued for two or three days after convalescence.

Treatment. The antipyrin was used in all cases, in large doses, with the effect to keep down the temperature after it had been reduced by the application of ice, ice-bags, and ice-sheets to the surface; it was employed in the form of enemata, but the writer suggests that it would probably be more potent if used hypodermically. It was not resorted to unless the temperature showed a decided tendency to rise.

Musk seemed to be decidedly advantageous in controlling the violence of the convulsions; it was administered in doses of ten grains, and by the time the ten grains were given the convulsions, as a rule, ceased. This remedy was administered in sixteen out of twenty-one cases of convulsions, and in all these it was of marked and immediate benefit; the violence of the attack was rapidly abated, and soon ceased to exist.

Aqua ammonia, in doses of five drops, repeated as occasion required, doubtless saved several cases, when the patient was about to die from heart failure, when the heart-sounds were indistinct, and when the pulse at the wrist could with difficulty be felt.

Ether hypodermically acted as a better stimulant than whisky; administered by inhalation it controlled the convulsions, acted as a heart stimulant, and improved respiration in a marked degree.

Bloodletting. One individual was bled from the arm to the extent of twelve ounces; he died two days after from men-

ingitis. Four persons were cupped at the nape or behind the ears; about eight ounces were abstracted in each case. They all recovered.

The individuals in whom bloodletting was resorted to were all strong, full-blooded, heavy men with injected conjunctivæ, the veins of their necks standing out prominently; the pulse being full and bounding; convulsions setting in early.

Dry cups, employed in the sunstroke cases, were valueless; but, in those affected by heat exhaustion, the benefit was well marked and immediate, the patients *invariably* regaining consciousness after their application.

Tincture of digitalis, in twenty-minim doses, administered when the patient was first seen, acted as an excellent heart stimulant. The pulse at once became fuller and slower, the heart beating more regularly.

Quinine, used after antipyrin had caused the temperature to drop, was of marked benefit.

When the patients became conscious, calomel (ten grains) and bromide of sodium (thirty grains) were administered—the latter repeated every third hour for the space of forty-eight hours, or longer, depending on the condition of the patient.

After the reading of the preceding paper, Dr. H. C. Wood said:

The use of musk, as detailed in the paper just read, is, I believe, new. Antipyrin has, however, been used in one of the New York hospitals, and a paper written thereon by the resident physician.

There is one point which is worthy of consideration by hospital authorities. I have noticed myself, in experiments on animals, that time is of the utmost importance in the treatment of sunstroke, and our clinical experience accords with this. If, the moment the animal became unconscious, I reduced the temperature by cold, the animal invariably recovered; if, however, it was left for ten or twenty minutes, reduction of the temperature caused benefit, and usually return of consciousness, but there were almost always marked signs of an impaired nervous system, and in a large proportion of cases death from paralysis. In the New York Hospital, antipyrin was given to the ambulance surgeon, and thus the remedy could be administered at once. I myself think that in very hot weather the hospital ambulance should be provided, not only with antipyrin, but also with ice, and no time would be lost, the remedies being applied as the patient was being brought to the hospital. The patient could be half undressed and rubbed with ice, and antipyrin could be used hypodermically.

Very few writers report the time which has elapsed before treatment after the sunstroke; and without such report statistics are of little value, because one of the most important elements of the case is omitted.

Dr. J. M. Da Costa said: It is but fair to Dr. Horwitz to state that this use of antipyrin is, so far as I know, original. Looking at these cases, it will be found that they were treated in July, while the paper alluded to, which has escaped my notice, appeared in August; it is evident, therefore, that he had thought of antipyrin himself.

In regard to musk, I have been utterly unable to find any reference to its use in the convulsions of sunstroke, and I am pleased to hear so distinguished an authority as Dr. Wood state that it has never been used before for the purpose. The use of opium, or rather of morphia, hypodermically, for the arrest of the convulsions of sunstroke, also originated, so far as I know, in the Pennsylvania Hospital, and was published some years ago.

Miscellany.

AN ILLUSTRIOUS "TEN-YEAR MAN."—At Carbondale, Ill., there once lived a pretentious old quack—"a ten-year man"—by the name of O'Haven, or if not O'Haven, a name the spelling of which began in the same way. One day he lounged into a store where there were several of the more reputable physicians of the town and a literary man. The literary man knew of the ignorance of the quack and concluded to expose it, and to do so inveigled the pretender into a scientific conversation. Turning to one of the more reputable physicians present, our literary friend, with a significant wink, began:

"Dr. R., what do you think of the controversy in the *Lancet*?"

Dr. R.: "Well; the fact is, I haven't made up my mind about it."

Literary Man: "But, Doctor, don't you think it strange that so important a question as the position of the liver should not have been settled before this? I have always thought that there was no doubt but that the liver was situated above the diaphragm."

Dr. R. (taking the hint): "Well, it's not so strange after all. I've seen cases in which it was hard to tell. I confess, however, I have been of the opinion that in most cases, at least, it was below the diaphragm."

L. M.: "The question is certainly an important one, or the *London Lancet* would not spend so much time and space discussing it. Ah, there is Dr. O'Haven. Doctor, you have had great experience; what is your opinion on the question that appears to be vexing the professional mind?"

Dr. O'H. ("ten-year man"): "Well, sir, that is a question to which I have given

a great deal of attention. From my long study and extensive observation, I have, however, been able to settle the matter beyond all dispute. The liver, sirs, is situated half above and half below the diaphragm!"

This is a true story.—*Cincinnati Medical Journal*.

THE PROGNOSIS IN LOCOMOTOR ATAXY.—On this subject Mr. Jonathan Hutchinson says (*Medical Press*): I have seen cases where the disease has lasted a great number of years, and some in which it has got steadily worse, and some in which it has been fatal. You know that it is generally said that a fatal result is inevitable. I have not seen many of my patients to the end, but I am inclined to think that the prognosis should not be so grave as one would gather from books. Many of my patients seem to have got better; the symptoms have subsided, for a time at any rate, quite independently of any treatment. If I had had time I would have read you the notes of a case showing you the undesirability of giving serious prognoses. In this case a patient who was the subject of serious and advanced locomotor ataxy, was told he was not likely to live more than six months, and yet the next year he was better, and two years later he began decidedly to get convalescent, and now he is again able to walk about. There was no treatment here, only complete rest, and it resulted in partial recovery. I know of another case where a medical man was told he could never get better. He sold his practice and went away to a warm climate to end his days, but to his surprise he got better, bought another practice, and is now in the possession of comparative health and vigor. If a patient with locomotor ataxy comes before me with a history of syphilis, I always give him a mercurial course, and I have known a good many persons to get better under it. I prefer mercury to iodide of potassium, and especially to the bromide of potassium, because it is not so depressing. It may be pushed to salivation without doing any harm.

THE TREATMENT OF ROSE-COLD AND HAY-FEVER BY COCAINE.—In a paper read before the College of Physicians, of Philadelphia, Dr. J. M. Da Costa gave his experience with cocaine in a number of cases of this disease. He said that this remedy had been sufficiently tested for us to welcome it as a very decided addition to our means of coun-

teracting this most troublesome affection. One patient on whom it was used complained that it interfered with his speech, by benumbing the throat. Thus he could only use it at night. On another, when used too often, it produced increased vascular tension and violent headache. The manner of employing the cocaine is not without importance. It may be used with a small atomizer as a spray, but the readiest means is to inject from five to eight drops up each nostril, the head being thrown backward. In some persons once, in most twice, daily will be found sufficient. It will be necessary to instruct patient not to irritate the membrane by rubbing it needlessly with the glass tube, or pushing this up too far. Its mode of action in hay-fever is partly by the local insensibility it produces, partly by the contraction of the capillaries it induces; the effects are thus chiefly local. It will not arrest the bronchial catarrh or the asthma which attend some cases, yet it is astonishing how it seems to lessen the tendency to these complications when early applied, and before they have got much headway. Is its action then not partly a reflex action? That the remedy is radical, and, strictly speaking, curative, I have not found, but that it gives great comfort, converts bad into light cases, enables those to stay at home who otherwise are obliged to flee to hay-fever resorts, relieves much suffering and distress, I know and have fairly tested. In no case of rose-cold or hay-fever ought cocaine to be left untried.

THE ETIOLOGY OF TABES DORSALIS.—Dr. Belugon, in a communication to *Le Progrès Médical*, entitled "Recherches sur les Causes de l'Ataxie locomotrice progressive," concludes that:

1. No cause can be invoked as possessing the exclusive monopoly, or as being an element necessary to the production of locomotor ataxia.
2. The etiological elements which seem to have the greatest importance in the pathogenesis are syphilis, nervous heredity, rheumatism, and functional abuse.
3. In nearly all of the cases, besides the other etiological circumstances, functional excess and nervous overstrain play an accessory rôle, and contribute in a more or less marked manner to the evolution of the disease.
4. The etiology of tabes may be formulated in the great majority of cases thus: In an individual possessing a nervous tem-

perament, whether hereditary or acquired by functional abuse, or (as almost always happens) the first exaggerated by the second, together with an occasional cause—accident, cold—with, nearly constantly, the localization of one of two diatheses, syphilitic or rheumatismal, it occurs in the spinal cord. Such is the common origin of progressive locomotor ataxia, according to the author.—*Philadelphia Medical Times*.

A HEN'S EGG IN THE VAGINA.—Dr. Von Gaenner mentions, in the *Correspondenzbl. für Schweiz-Arzte* (British Medical Journal), a curious case of a hen's egg in the vagina, which he had some difficulty in removing. It had caused great difficulty in micturition. The egg lay so high in the vaginal canal that it was with the greatest difficulty that he could introduce his finger behind it; and, as the vagina was far from roomy, he could not manage to hook the finger over it. The only instrument that seemed suitable for the removal, without breaking, of a foreign body of this kind, was Breisky's forceps for the extraction of oviform pessaries, but this was not at hand. At last, however, having emptied the bladder by making pressure with one hand over the abdominal wall above the symphysis, while a finger of the other hand remained in the vagina, the egg was expelled entire the day after its introduction, no difficulty being experienced in forcing it through the vulva.

APOMORPHINE IN CROUP AND BRONCHITIS.—Dr. Stutz, of Neuminster (British Medical Journal), is loud in his praises of apomorphine subcutaneously injected in diphtheria complicated with croup, and in primary croup itself. Of ten of these latter cases he lost only one, and this he attributes to his not having been called in quickly enough. Similar treatment is also very valuable in dyspnea due to bronchitis. He has also been successful in cases of arsenical poisoning in children; and in one where a woman had such severe pharyngitis that she was quite unable either to swallow or speak. An apomorphine injection quickly emptied the stomach of pus and mucus, and enabled her both to speak and swallow.

SEA-SICKNESS AND ITS TREATMENT.—Dr. Adolph Kessler, in an article found in the New York Medical Journal, maintains that cocaine is of no use in sea-sickness. On the other hand, he says its use does actual harm; there is a decided increase and aggravation

of certain symptoms. Cocaine seems to exercise a paralyzing influence upon the motor nerves apparatus of the stomach, thereby hindering vomition, and preventing the display of the only function which is apt to give any relief. He further says that the bromides are of some use, but that moderate doses of chloral hydrate, and abstinence from food and drink have acted well according to his experience.

INCISIONS AND POTASSA FUSA IN THE TREATMENT OF CARBUNCLE.—Dr. H. H. Haralson (Therapeutic Gazette) advises the employment of the old-time treatment of carbuncle. Nothing is superior to the bistoury followed by potassa fusa. He has treated many cases in this way with success. He says, in the present mania for "new remedies," we should not lose sight of the old reliable ones employed by our fathers.

THE following officers were elected at the last meeting of the New York County Medical Society: President, Dr. Daniel Lewis; Vice-President, Dr. Lawrence Johnson; Secretary, Dr. Wesley M. Carpenter; Assistant Secretary, Dr. C. H. Avery; Treasurer, Dr. O. B. Douglass; Censors, Drs. F. R. Drake, H. T. Peirce, W. O. Moore, F. M. Weld, and W. C. Bullard.

MORE RESIGNATIONS FROM THE CONGRESS. Dr. John G. Curtis, of New York, in a letter to the Philadelphia Medical News declines to have any thing to do with the Congress under its present organization. Dr. Geo. W. Major, of Montreal, has declined the Council of the Section on Laryngology.

PROF. SAMUEL G. ARMOR, one of the most prominent practitioners of Brooklyn, died in that city October 27th. He filled the chair of Practice of Medicine in Long Island College Hospital, and was dean of the faculty. Dr. Armor was formerly a Western practitioner and teacher.

DR. FORDYCE BARKER, Dr. T. Gaillard Thomas, and Dr. Thomas Addis Emmet, of New York, and Dr. William Goodell, of Philadelphia, have been elected honorary fellows of the British Gynecological Society.

CINCINNATI ACADEMY OF MEDICINE.—At the meeting on Monday evening, November 9th, Dr. A. Ravogli will read a paper on Rupture of the Membrani Tympani, with report of a case.

The Louisville Medical News.

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LEGISLATIVE REGULATION OF THE PRACTICE OF MEDICINE.

The demand for the enactment of laws prescribing the qualifications of physicians, and otherwise regulating the practice of medicine, seems to be constantly meeting with increased consideration. Many of the States have all the statutes on the subject that, in the present condition of public opinion, can probably be enforced, and in all the others decided progress is being made.

In the beginning it was unavoidable that many laws should be enacted requiring the supervision of the courts, and not a few of them had to be altered to conform to constitutional requirements.

In answer to questions submitted by Dr. Metcalf, Secretary of the Indiana State Board of Health, Attorney-General F. T. Hord, recently returned an elaborate opinion, the substance of which, so far as it has a general application, we give in this connection.

The General Assembly of a State can enact laws to regulate the practice of medicine only in so far as they may be deemed necessary for the public welfare. It may

require on the part of practitioners the possession of any reasonable qualifications. No particular school or system of medicine is to be preferred. A practitioner is to be tested by the general doctrines of his school and not by those of other schools and systems of medicine.

It has been decided in Maine that a clairvoyant has no right to practice medicine or to give treatment and collect fees therefor without complying with the regulations made for the government of physicians. In New York, on the other hand, it has been decided that a person who pretended to cure merely by the laying on of the hands did not require to be licensed, and could not be prohibited by the legislature from pursuing his vocation, as no possible harm could come to any one thereby, and the case did not, therefore, fall under the police powers of the State.

Another question upon which there are conflicting decisions is as to whether a person able to stand an examination and already engaged in the practice of medicine can be deprived of the privilege or right, even though he have no diploma.

It has been often decided that the confidence of a community and the good will gained in the rightful pursuit of an occupation are a man's property.

Article V of the Constitution of the United States declares that no one shall be deprived of life, liberty, or property without due process of law.

The fourteenth amendment of the Constitution declares that no State shall deprive any person of life, liberty, or property without due process of law, nor deny to any person within its jurisdiction the equal protection of the laws.

It is a question then, yet to be decided, whether a physician who has been for some time legally engaged in the practice of medicine and has earned such good will and confidence has not gained thereby vested rights of which he can not be deprived without due process of law.

If our Kentucky Legislature should de-

cide at the coming session to enact laws upon the subject, especial care should be taken to see that the lessons of other States shall be heeded, and that there shall be no delay of enforcement by litigation.

The profession of Louisiana obtained from the legislature such legislation as was asked for, but the courts decided that it was absolutely inapplicable to graduates of the University of Louisiana, because the general act did not name the special act by which that institution was incorporated, and that therefore its graduates need not even register. Furthermore the fines incurred were to be collected by civil suit for the benefit of the Charity Hospital, and that institution not choosing to proceed, and being the only party in interest, the law became in a short time practically a dead letter. Texas failed in getting any law through the efforts made to proscribe homeopaths.

The expectation, however, entertained by many, that legislation is destined soon to remedy the present overcrowded condition of professional ranks is likely to be disappointed. Much as may be said of the looseness of medical education, it can hardly be denied that every class of graduates which makes the annual exodus shows some progress beyond that of the previous class, although it must be admitted that much is yet to be desired in the way of a higher education.

From whatever cause, the ranks of the profession in Europe also are being crowded, not as here, perhaps, but so as to elicit great complaints from those who are already embarked in the calling.

An editorial in a recent number of the *Medizinische Wochenschrift*, of Vienna, referring to a measure of the government now under way to induce physicians to leave the cities for needy places in the country, asserts "that there are old physicians who, with a thousand joys, would decide to exchange their thorny city life for the idyllic cottage of the village doctor who returns from his professional visits to huts and peasant homes to find his table covered

with something good to eat, if they only knew where to find a place that would afford them a moderate support," and "that the excessive gathering of physicians in the cities is becoming a standing remark in sanitary reports."

It is probable that a just regulation of the practice of medicine, such as the institution of State boards of examination, preliminary examinations for students, and the requiring of a longer course of study, would render the practice of medicine safer for the people and more honorable for the practitioner, but, while the legal and the journalistic professions and the mercantile ranks remain so greatly overcrowded, in medicine the contest of numbers must go on, and each must put his hope of success in the "survival of the fittest."

Bibliography.

Diseases of the Tongue. By HENRY T. BUTLIN, F.R.C.S., Assistant Surgeon and Demonstrator of Practical Surgery and Diseases of the Larynx, St. Bartholomew's Hospital, etc. Illustrated with chromo-lithographs and engravings. Clinical Manuals for Students and Practitioners. 12mo, pp. viii and 451; cloth. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

A volume of the dimensions above noted, devoted to diseases of the tongue exclusively, is likely to excite the wonder of the general practitioner, while it suggests to the ambitious young physician a new department for specialism. Indeed, it would not be out of keeping with the signs of the times to prophesy that, in the not distant future, some such superscription as this will adorn the shingle of some hitherto unknown genius in the healing art:

"DR. SCHNABOOZEL: Office hours from 1 A.M. to 12 midnight. Practice limited to diseases of the tongue."

This much by way of pleasantry; but that our readers may be assured that Mr. Butlin is not without an abundant supply of material for his work, we quote the table of contents:

Introductory; Accidents to the Tongue; Congenital Defects of the Tongue; Discoloration of the Tongue; Inflammation of the Substance of the Tongue; Eruptions on the Tongue; Indentations; Excoriations;

Furrows; Fissures; Ulcers; Patches and Plaques; Nodes and Nodules; Smooth Patches, and Smooth Tongues; Atrophy; Hypertrophy; Cysts of the Tongue; Cysts under the Tongue and Salivary Calculus; Innocent Tumors; Cancer; Treatment by Operation; Causes of Death after Removal of the Tongue; After Treatment of Operations; Choice of an Operation; Later Operations on the Lymphatic glands, etc.; Parasitic Affections of the Tongue; Nervous Affections; Appendix; Bibliography.

From the above count it is easy to see that the derangements of this organ bear a definite relation to very many general diseases, and that to do the subject justice the author was compelled to work over well-nigh the whole realm of pathology.

The work is written in a felicitous manner, and every topic is unfolded systematically, while cases to the point are cited freely in illustration of the text. The author's position as surgeon at St. Bartholomew's has given him great opportunities for study in this field. The illustrations form a most important feature of the work. Clear engravings are freely interspersed among the pages, while eight beautiful chromo-lithographic plates illustrate in a manner true to life many of the features of the tongue in disease. The work is an original and valuable contribution to medical literature and can not fail of great popularity.

Post-Mortem Examinations, with Especial Reference to Medico-legal Practice. By RUDOLPH VIRCHOW, of Berlin Charity Hospital. Translated by T. P. SMITH, M.D., M.R.C.S., England. From the fourth German edition. 12mo, pp. 138. Cloth, price \$1.00. Philadelphia: P. Blakiston, Son & Co. For sale by John P. Morton & Co.

At this day to see the name of Professor Virchow on the title-page of a book carries with it a presumption of excellence. A close examination of post-mortem examinations will prove that in this case the presumption is well founded. None could be found knowing better than he what to look for in post-mortem examinations, and it can be very safely said that none has ever told us better how to look for it, or even nearly so well. Not a little experience in the use of the book, in its former editions, as a guide has convinced us that whoever has closely followed its teachings in conducting medico-legal examinations has performed his duty, and met all the requirements of legal investigation.

D. T. S.

Transactions of the South Carolina Medical Association. Thirty-fifth Annual Session, held in Charleston, S. C., April 21, 22, and 23, 1885.

An unusually interesting volume of State medical society transactions comes to us from the Palmetto State, which proves her physicians wide awake and mindful of her well-established renown. The President, Dr. A. A. Moore, devotes much of his address to portaying the experience of the country physicians in the planting States, whose lot he easily proves is not cast on a bed of roses. The essays and reports read on the various subjects were numerous and well up to the standard. A particularly marked feature was the firm and pervading determination exhibited in the direction of a higher standard of medical education.

D. T. S.

A Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M.D., F.R.C.P., etc. Fourth American from the Fifth English edition, with notes and additions by ROBERT P. HARRIS, M.D., with three plates and two hundred and one illustrations. 8vo, pp. 659. Cloth, \$4.00; leather, \$5.00. Philadelphia: Lea Bros. & Co. 1885. For sale by John P. Morton & Co.

This classic work, since its first appearance in 1876, has steadily gained in professional favor, until now it is a standard textbook in English and American colleges, and the indispensable companion of the working practitioner. If the secret of the author's success be sought it will be found in the fact that he has mastered the art of condensed writing, that he is endowed in large measure with common sense, and that he approaches every topic from the side of the clinician.

The present edition has been thoroughly revised by the author, who has thus brought it abreast with the advance line of obstetric science in England, while its able and scholarly editor has made numerous judicious additions to the text, many of which were necessary to its embodiment of such views of the subject as are peculiar to American masters. The editor's observations appear in brackets in the text, or as foot-notes, in every instance signed, so that the original text is presented without change as it came from the pen of the author.

Among the useful features of Dr. Harris' annotations are the accurate definition and etymology of the newer technical terms employed in the text, by which he adds materially to the value of the work as a textbook for the medical student.

Two of the plates are accurate copies of Braune's, which were drawn from frozen bodies in longitudinal sections. No. 1 illustrates the relations of the uterus to the surrounding parts, and the attitude of the fetus, which is lying in the second cranial position. No. 2 illustrates the condition of things at the termination of the first stage of labor; the bag of membranes is still unbroken, the cervix is fully dilated, and the head (in the second position) is in the pelvic cavity. The third plate is an elegant chromo-lithograph, and illustrates in four figures the changes of the corpus-luteum. It is after Dalton. The engravings are plentiful, beautiful and life-like. In the execution of the work the publishers leave nothing to be desired.

Epitome of Diseases of the Skin. By LOUIS A. DUHRING, M.D., Professor of Skin Diseases in the University of Pennsylvania; Lectures, Session 1883-84. Reported by HENRY WILE, M.D. 16mo, pp. 130. Price, 60 cents. J. B. Lippincott. 1885. For sale by John P. Morton & Co.

This little work is written in the usually felicitous style of Prof. Duhring; it is intended only as an epitome of the subject of skin diseases, and is in no degree to take the place of more complete works upon the subject. Still, it can be easily seen that in country practice, where the variety of skin diseases met with is limited, the physician who knows all that is taught in this book, small as it is, will be far better acquainted with such diseases than he likely ever would be encouraged to become if he had to begin their investigation in the voluminous pages of an extensive treatise.

D. T. S.

Letters from a Mother to a Mother on Children's Teeth. By Mrs. M. W. J. Third edition, revised and enlarged. Price, 25 cents. Philadelphia: Welch Dental Co., No. 1413 Filbert Street. 1885.

Iritis; its Relation to the Rheumatic Diathesis and its Treatment. By C. J. Lundy, A. M., M. D., Professor of Diseases of the Eye, Ear, and Throat in the Detroit College of Medicine, etc. Reprinted from the Physician and Surgeon.

Courier of Health; a popular monthly magazine, devoted to the Science of Health and the Prevention of Disease. (Vol. 1, No. 1. F. C. Hoyt, M.D., Editor; Courier of Health Co., Publishers, St. Joseph, Mo. Price, \$1.00 per year. This monthly, it is

claimed, will endeavor to expound the laws of health, and the methods by which disease may be prevented. Such journals should have a wide circulation among the laity.

The Florida Medical and Surgical Journal: a monthly journal published at Jacksonville, Fla. Editors, T. O. Summers, M.D., Chas. H. Mallett, M.D., and Neal Mitchell, M.D. Vol. 1, No. 1, November, 1885. Price, \$1.00 per year. This is a new monthly, inaugurated by the profession of the State of Florida, and devoted to the development of that great peninsula as a health resort and sanitarium. Up to the present time there has been no organ of the profession in this State. It deserves support from those interested in the development of medicine in Florida.

Contents for November number of the Southern Bivouac, published by B. F. Avery & Sons, Louisville, Ky.: A Useful Hero, by Henry Cleveland Wood (Illustrations: The Oldest Cemetery in Kentucky, A View of Harrodsburg); Service on the Carolina Coast, by A. P. Ford; Ante-Bellum Charleston, by Paul Hamilton Hayne; Bragg's Invasion of Kentucky, Chapter III, by C. C. Gilbert; The Valley of Palm, by S. M. O'Malley; Southern Dialect in Life and Literature, by Charles Foster Smith; A Dew-Drop in November, by C. J. O'Malley; From Fredericksburg to Gettysburg, by W. H. Swallow (Map of Stuart's Line of March, and Portrait of Gen. J. E. B. Stuart); Carliston's Gift (illustrated), by Hugh Conway; Were You Scared? by E. Polk Johnson; A Legend of the Sunset Realm, by Rosa Vertner Jeffrey. Comment and Criticism—The First Written Form of Government; Personal Incidents of the War; Death of Gen. Cleburne; Persian Wit. The Editor's Table—Civil Service Reform; War Records. Salmagundi—The Crimson Foot; The True Legend of Punky Wunky.

The November number is just received, and for sale in Louisville, Ky., by John P. Morton & Co.

MILK AS AN ANTIDOTE TO DIGITALIS.—Dr. J. B. Sullivan (Therapeutic Gazette) recommends sweet milk, to be followed in ten or fifteen minutes by emesis, in the treatment of poisoning by digitalis. He says, "My view of the milk treatment as an antidote for vegetable liquid poisoning is, *the milk goes into the stomach a liquid*, then forms into a curd, which picks up the poison, then by vomiting the poison is brought up.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The idea of bringing the degrees of the London Medical University within the reach of the bulk of students is now the chief topic in medical circles. At present the medical faculty in London is the most homogeneous and perhaps the most numerously represented of all the academical faculties, just as the Ecole de Medicine of Paris and the Medical Departments of Vienna or Edinburgh overshadow the rest of the University teaching in those capitals. But it requires some exercise of the imagination to trace a resemblance between the Medical Faculty of London and that of any other European center of learning whatsoever. Nowhere else is there so little of the academical spirit, so much indifference to organization, or so little trouble taken to select and appropriate for the great purpose of professional exposition and guidance those who have the true *faculties docendi*. There are numerous indications that a medical curriculum in London compares unfavorably, in the estimate of impartial judges and of students themselves, with the course of study and examination in places both at home and abroad which are greatly inferior to the metropolis in all the essential resources of education. It needs no detailed evidence to convince one that there are in London the *dissecta membra* of the greatest medical school in the world; yet it is equally undeniable that the Scottish capital is a greater center of attraction to medical students from the colonies, and even from England itself, than London is. The reasons assigned for this second-rate position are various. According to some, it is owing to the vexatious obstacles, like so many hurdles in a race, put in the way of all but those students with the longest purses and the greatest staying power, in their endeavors to crown their term of study with a University degree. Others declare that it is due to the haphazard way in which teaching appointments in the London schools are made, and the cynical maxims about the inutility of lectures which most of the metropolitan medical teachers have come to adopt. According to yet another set of critics the reason is that medical science has become largely an affair of the work room, demanding well appointed laboratories, such

as the schools of most of the London hospitals can not provide unless they join their resources for the purpose and to that extent efface their individual existence.

During the last few years, when the rival attractions of Edinburgh have become more obvious and the competition of the Victoria University and its affiliated colleges in the North of England has almost been realized, there have been considerable stirrings among the metropolitan faculty. Laboratories for practical scientific teaching have been equipped, a really competent authority has been appointed here and there to teach physiology, and there has been a loud demand that a degree in medicine should be placed within the reach of the average medical student in London, just as it is already within the reach of the great bulk of the students in Ireland and Scotland. Indeed the movement for giving the medical students of London a degree or academical diploma of the same kind and value for business purposes as that of their Irish or Scottish competitors has advanced so rapidly within a few months that a joint-committee of the Royal College of Physicians and Surgeons has reported in favor of the principle and hopefully of its feasibility. What the two Royal Colleges propose, is in effect that their own examinations, at present carrying the diplomas of L. R. C. P. and M. R. C. S., should in future carry jointly the academical title of M.D. It is very generally admitted that those who bear the diplomas of the two London corporations are, as a class, in no respect behind the numerous and miscellaneous body of Doctors of Medicine. At the same time the possession of a University degree gives an extraneous advantage in many cases in the competition for practice. There are those who contend, not without reason, that the diploma of the College of Surgeons, under which the great bulk of the profession in England have practiced for many years, carries as honorable and creditable associations as the titles that are nominally higher, and it may be admitted that if there had been no invasion of England by practitioners holding the University Degrees of Edinburgh, or Glasgow, or Aberdeen, or of the Irish Universities, there would have been little desire to exchange the national medical title of England for one constructed on academical lines. But it is too often the fact that the practitioner who is only plain Mr. or who writes after his name the too copious letters M.R.C. S. and L.R.C.P., or L.S.A., finds

himself elbowed in the field of practice by a gentleman whose education has fallen in some part of the kingdom where degrees are given, and the superficial popular verdict would appear to be in favor of M. D. Thus it happens that those who have been educated in London and have entered on practice with the diploma of M.R.C.S.—or in other words, the bulk of the profession in England—are placed at a disadvantage through no fault of their own.

The Lord Mayor has fixed Saturday next for unveiling the painted window at the Northwest London Hospital in memory of Eliza and Eleanor Learmouth. These ladies both died during the epidemic of typhoid fever in the autumn of 1883, and this window, which appropriately represents "Christ healing the sick" is erected by subscription in recognition of their self-sacrificing devotion.

The following facts of a man having been seven years out of bed has lately attracted attention. The old man is employed as night porter at the work-house, Plumstead. He sometimes dozes in his chair at the lodge-gate, but is seldom undisturbed for half an hour at a time, and the longest sleep he has had in the seven years at a stretch was one of three hours. He is seventy-four years of age, but quite hearty and in capital health; he has become a teetotaler, and gave up smoking a few years ago because he had reached a consumption of nine ounces a week and thought he was getting extravagant. After concluding his night watch at the gate he goes on a day watch as assistant porter at the work-house, and does this double task without relief or change. The man was formerly a butcher, and it has been his habit during most of his life to exist without his bed from Sunday to Sunday, being late in the slaughter-house and early in the morning market day after day.

An advertisement card has lately appeared, which intimates that an establishment where opium smoking is taught will shortly be opened in the west of London; it is sincerely to be hoped that public feeling will prevent the threat from being carried out.

LONDON, October, 1885.

BEFORE the Louisville Medical Society (5th inst.) the third stage of labor was ably presented by Dr. Wm. Bailey, Drs. Palmer, Smith, Owen, Vance, Gilbert, and Von Donhoff taking part in the discussion.

Obituary.

DR. W. W. GOLDSMITH.

This well-known physician died, on the 2d inst., in this city, of pneumonia, in the sixty-fourth year of his age. Dr. Goldsmith was a native of Louisville, where he commenced the study of medicine. He subsequently went to New York, and in due time graduated with honor in the medical department of Columbia College. He went thence to North Carolina, where he made an enviable reputation for intellectual and moral worth, and skill as a practitioner. He returned to Louisville some years since, pursuing until the day of his fatal illness the practice of his profession. He was for many years a member of the State Board of Pension Examiners.

Dr. Goldsmith was a man of high professional attainments and faultless character. He was beloved by all who knew him, and his loss will be deeply felt in many homes. He leaves a widow and four children. His distinguished brother, Dr. Middleton Goldsmith, survives him.

Selections.

TREATMENT OF LACERATIONS OF THE OS AND CERVIX UTERI WITHOUT SURGICAL OPERATION.—At the meeting of the Virginia State Medical Society Dr. Bedford Brown, of Alexandria, read a paper on this subject. (Medical Record.) He said that, while admitting the advantages of Emmet's operation as a prompt means of relief, though not unattended with danger, there were yet many females who were debarred from these benefits and for whom some other method, or none at all, must be used. During the past twelve years the writer had treated successfully upward of twenty cases of laceration and fissure of the os and cervix of varying degrees of severity, and some complicated with cellulitis, displacements, subinvolution, etc., by means of local applications alone. The patients suffered from severe neuralgic pains, and in most of them there was more or less impairment of the general health. The writer had seen several cases of laceration in the acute stage healed by first intention after the enforcement of absolute rest and the carrying out of measures of strict cleanliness and disinfection. Warm douches con-

taining borax, boracic acid, and carbolic acid were used gently two or three times a day. If the lacerations did not heal within two weeks they would not heal at all by first intention. In the treatment of old lesions the author had obtained the best results with graduated solutions of nitrate of silver. He applied a solution of thirty grains to the ounce freely to the interior of the cervical canal, and another of fifty grains to the ounce was painted over the whole external surface of the os and cervix until a uniform thick white coating was formed. This coating protects the exposed nerve-filaments, allays inflammation, stimulates the growth of healthy granulations and prevents the absorption of septic matters from the discharges. The solution should be made to penetrate to the very bottom of the fissure in order to insure success. If hypertrophy and induration of the cervix remain after the lacerations are healed, an application to the external surface is made of a solution of the nitrate of silver, $\mathfrak{z}\text{ij}$ to $\mathfrak{z}\text{j}$. Several of the patients thus treated became pregnant, whereas while the disease existed they were sterile, and being examined after the birth of their children, the cervix and os were found in every case to be normal and entirely free from disease.

SUCCESSFUL EXTRACTION OF A DENTAL PLATE FROM THE ESOPHAGUS.—On February 3, 1885, at 10.30 P. M., I received an urgent message to visit E. R., a needle-woman, aged thirty-one. I found her breathing stridulously and with extreme difficulty, her countenance indicating great distress. She could only articulate in a hoarse whisper, and was constantly retching, and hawking up quantities of frothy fluid tinged with blood.

The history I obtained of the case was, that the patient was subject to epileptic fits; that, upon recovering from one that evening, the persons with whom she lodged noticed that she respired with difficulty, that she had lost her voice, and that she made signs of there being something wrong about her throat. They then discovered that a metal plate, containing artificial teeth, was absent from its usual position in her mouth.

By external examination, I detected a hard substance in the esophagus, below and behind the larynx, and by digital investigation through the mouth, I was enabled just to touch one extremity of the plate with my forefinger. After several failures to seize the plate with throat-forceps, I placed the

patient under the influence of chloroform, and then contrived to insert my finger-nail under one of the hooks. Thus I was enabled so to direct the forceps as to obtain a firm grip with them, when, by gently moving the foreign body, first from side to side, and then from below upward and forward, I succeeded in eventually extracting it.

The plate was composed of "dental alloy;" it measured one inch and a half by three quarters of an inch, had five teeth fixed in it, and projecting from its extremities were five sharp hooks.

For a few days the throat remained so very sore that the patient was unable to swallow. She was consequently nourished by enemata of pancreatized milk, but within a week she took food by the mouth and soon regained her usual state of health.

On my relating the case to the dentist from whom the plate was procured, he expressed it as his opinion that the accident arose from the dental fasteners having lost their hold through decay of those teeth which they were intended to grasp.

The difficulties met with in extraction arose from the violent struggles of the patient, spasm of the throat and larynx, and the impossibility of grasping the artificial plate, due to the ends of the forceps gliding over its convex surface. The anesthetic rendered invaluable service by relieving spasm, and thus enabling the necessary manipulations to be conducted with comparative ease and comfort.—*T. Sympton, F. R. C. S., in British Medical Journal.*

DEEP MASSAGE OF THE ABDOMEN IN INTESTINAL OBSTRUCTION.—Dr. Kriviakin (London Medical Record, August 15, 1885) warmly recommends deep massage of the belly as a powerful curative in cases of intestinal obstruction. The procedure, as practiced by him, "requires only one assistant, the name of which is Patience," and consists in the following: The operator annoints his hands with oil, separates the thumbs as much as possible from the first fingers, puts the thumbs in juxtaposition, places the hands at the lower part of the belly (the patient lying on his back), and, while producing steady and strong pressure, passes his hand first from downward upward, then *vice versa*, then from the right to the left, and so on, repeating the manipulations for twenty minutes, by the end of which time "a regular peristaltic storm is set up within the abdomen." Then the patient (who at the beginning of a sitting feels

rather uncomfortable, but in about ten minutes commences to experience distinct relief) is left alone for the next hour and a half, when another sitting of deep massage for about fifteen minutes may be tried. As a rule, however, one sitting is sufficient for producing stools. It happens very often that in the course of the manipulations a distinct, usually elongated, sausage-like tumor may be felt in the belly. If this be the case, fairly strong tapping at the spot of the tumor should be added to the shampooing, each stroke being finished by a strong localized pressure. According to the author, deep massage is indicated in intestinal obstruction of every kind and description. He adduces the details of four cases of the affection met by him lately among Dagestanese, and treated after this energetic plan (very energetic, indeed, especially in comparison with four eggs or a cock's excrements, with which obstructed patients are usually treated by numberless native medical men, so-called *khakims*). One of the cases was that of a strongly built man, aged twenty-four, with constipation of ten days' duration, agonizing paroxysmal abdominal pain, fetid vomiting, obstinate hiccough, offensive eructation, and moderate distension of the belly. A volvulus (caused by severe physical exertions soon after a liberal meal) was diagnosed, and deep massage was resorted to after a large enema made of a weak infusion of tobacco-leaves. In about ten minutes, after a sitting of twenty minutes' duration, very profuse and extremely offensive defecation followed; later on, the patient's bowels were moved five times more. In another case, where constipation of eight days' duration and fecal vomiting were present, deep massage was performed twice, with an interval of one hour, defecation ensuing during the second sitting. In the third case, with eight days' obstruction and obstinate hiccough, recovery followed after the simultaneous use of deep massage, large enemata, and cold compresses. Less fortunate was the issue in a fourth case, that of a weak, decrepit man, aged fifty-five, with constipation of twelve days' standing, filiform pulse, fetid vomiting and eructations, cold, viscid perspiration, and a semi-comatose state. Though regarding the case as a hopeless one, the author still decided to try massage, after the previous administration of two grains of camphor and a high effervescent enema. In about half an hour after the manipulations, a free discharge of hard fecal lumps, suspended in

fluid, ensued. But collapse became worse, and five hours later the old man died. No necropsy was allowed.

RENAL HEMORRHAGE COMPLICATING PREGNANCY, SYMPTOMS SIMULATING LABOR.—On the 11th of January last, a woman, thirty-five years of age, called on me, in company with a friend, in reference to a bloody discharge which, she said, came from the womb. She stated she was unmarried, but she had the appearance of being far advanced in pregnancy; and, on applying the stethoscope, I easily detected the pulsation of the fetal heart. She then admitted that she might be pregnant. I thought it probable that a miscarriage was impending, and made a digital examination. The os uteri was undilated, and I noticed, on withdrawing the finger, that no signs of blood were left on it, while a good deal was smeared on the hand. Farther investigation showed that this had come from the urethra; and, on passing a catheter, a good deal of bloody urine escaped. I prescribed tannin. Two days afterward (13th) she again visited me, and stated that labor had commenced; that she was suffering from severe pains in the back, shooting round to the groins, with a good deal of bearing down, and a bad smelling bloody discharge. On examination I found no evidences of labor; and further investigation showed me a clot hanging out of the meatus urinarius. On pulling this, a large semi-organized coagulum, weighing about half an ounce, came away. The catheter was then introduced, and about a gill of bloody urine streamed out, and then abruptly ceased. The withdrawal of the catheter was followed by a large clot, and the instrument itself was blocked up by coagula. Having cleared and reinserted it, I threw in about a pint of warm water, and removed a good deal of clot in the course of about an hour. The same performance was enacted at night, and even then I had not completely freed the bladder from its sanguineous contents. I gave gallic acid in ten-grain doses every four hours.

On the 14th she had strong bearing down pains, and severe backache. A coagulum protruded from the urethra. The bladder was washed out, as before, with warm water and boracic lotion. In the evening, the urine was but slightly tinged with blood, and next morning its color was normal, but it was highly albuminous. I prescribed nitro-glycerine in minim-doses of one per

cent strength. On the 16th, the back was relieved, there were no pains, micturition was free. The urine was scanty and albuminous. On the 17th, the urine was highly sanguineous, but without clots. The nitroglycerine was omitted; the gallic acid resumed. From this date no further emission of blood took place. The albumen gradually disappeared from the urine; and on February 2d labor set in, and was easy and quick. The mother and child are at the present time in good health.

This case, in addition to the interest pertaining to such a rare complication of pregnancy as renal hemorrhage, presents for consideration a variety of symptoms so closely simulating labor that it is quite within the bounds of probability to assume that mistakes have occurred in point of non-recognition of the real state of affairs in cases of this nature, and in this way that terrible, but fortunately rare phenomenon, rupture of the bladder, may have been produced.—*John Mulvany, M. D., in British Medical Journal.*

DIET TABLE IN DIABETES MELLITUS.—Dr. A. R. Davidson gives the following diet table for patients with diabetes mellitus (*Buffalo Medical and Surgical Journal*):

Breakfast: Oysters stewed, without milk or flour; clams stewed, without milk or flour.

Beefsteak, beefsteak with fried onions, broiled chicken, mutton or lamb chops, kidneys (broiled, stewed, or deviled), tripe, pig's feet, game, ham, bacon, deviled turkey or chicken, sausage, corned-beef hash without potato, minced beef, turkey, chicken, or game with poached eggs.

All kinds of fish, fish-roe, fish-balls without potato.

Eggs cooked in any way except with flour or sugar, scrambled eggs with chipped smoked beef, picked salt cod-fish with eggs, omelets plain or with ham, with smoked beef, kidneys, asparagus-points, fine herbs, parsley, truffles or mushrooms.

Radishes, cucumbers, water-cresses, butter, pot-cheese.

Tea or coffee, with a little cream and no sugar. (Glycerine may be used instead of sugar, if desired.)

Light red wine for those who are in the habit of taking wine at breakfast.

Lunch or Tea: Oysters or clams cooked in any way except with flour and milk, chicken, lobster, or any kind of salad except potato, fish of all kinds, chops, steaks,

ham, tongue, eggs, crabs, or any kind of meat, head-cheese.

Red wine, dry sherry, or Bass's ale.

Dinner: Raw oysters, raw clams.

Soups: Consomme of beef, of veal, of chicken, or of turtle, consomme with asparagus-points, consomme with okra, ox-tail, turtle, terrapin, oyster or clam without flour or milk, chowder without milk or potato, mock turtle, mullagatawny, tomato, gumbo fillet.

Fish, etc.: All kinds of fish, lobsters, oysters, clams, terrapin, shrimps, craw-fish, hard-shell crabs, soft-shell crabs. (No sauces containing flour or milk.)

Relishes: Pickles, radishes, celery, sardines, anchovies, olives.

Meats: All kinds of meat cooked in any way except with flour, all kinds of poultry without dressings containing bread or flour, calf's head, kidneys, sweet-breads, lamb-fries, ham, tongue, all kinds of game, veal, fowl, sweet-breads, etc., with currie, but not thickened with flour. (*No liver.*)

Vegetables: Truffles, lettuce, romaine, chicory, endive, cucumbers, spinach, sorrel, beet-tops, cauliflower, cabbage, Brussels-sprouts, dandelions, tomatoes, radishes, oyster-plant, celery, onions, string-beans, water cresses, asparagus, artichauts, Jerusalem artichokes, parsley, mushrooms, all kinds of herbs.

Substitutes for Sweets: Peaches preserved in brandy without sugar, wine-jelly without sugar, gelee au kirsch without sugar, omelette au rhum without sugar, omelette a la vanille without sugar, gelee au rhum without sugar, gelee au cafe without sugar.

Miscellaneous: Butter, cheese of all kinds, eggs cooked in all ways except with flour or sugar, sauces without sugar, milk or flour.

Almonds, hazel-nuts, walnuts, cocoanuts.

Tea or coffee with a little cream and without sugar. (Glycerine may be used instead of sugar, if desired.)

Moderately palatable ice-creams and wine jellies may be made, sweetened with pure glycerine; but although these may be quite satisfactory for a time, they soon become distasteful.

Alcoholic beverages: Claret, burgundy, dry sherry, Bass's ale or bitter beer. (No sweet wines.)

Prohibited: Ordinary bread, cake, etc., made with flour, sugar; desserts made with flour or sugar; vegetables, except those mentioned above; sweet fruits.

When under dietetic treatment, the quan-

tity of urine becomes normal and the sugar has ceased to be eliminated, some food containing starch may be used cautiously, the urine being examined three or four hours after eating in order to determine the effect upon the diabetic condition. It is well to allow periods of moderately restricted diet to alternate with the vigorous diet.

During the periods when greater liberty is allowed, or when the restricted diet fails to control the disease, some of the various drugs may be advantageously employed—codeia or opium, quinine, chalybeates, nerve tonics, etc., according to the various indications for medical treatment. Bodily exercise, particularly of the arms, is to be advised. Measures to maintain the warmth and functions of the skin are, at all times, specially important. Warm baths are very serviceable, and warm clothing and avoidance of cold is to be insisted upon, in view of the tendency toward pulmonary trouble.

A CONTRIBUTION TO THE STUDY OF DIPHTHERIA OF THE ESOPHAGUS; WITH THE REPORT OF A CASE.—In the October number of the American Journal of the Medical Sciences, Dr. H. D. Fry, of Washington, contributes an interesting study of this rare affection, and reports a case which occurred in his own practice.

The diagnosis of diphtheria of the esophagus is extremely difficult. In most cases it is absolutely impossible to recognize the disease. This difficulty is met with not only when the esophageal mucous membrane is primarily the seat of diphtheritic inflammation, but also when it is implicated by extension of the false membrane from the pharynx or larynx. In the vast majority of the reported cases its presence was not suspected until revealed by post-mortem examination. Symptoms, at most, only warrant a suspicion of the existence of the affection. An important indication is the expulsion, by the mouth, of bands of false membrane, provided no symptoms exist to indicate that the air-passages are involved. The expectoration of a membranous cast of the esophagus is the only positive sign of the disease.

The obscurity which accompanies nearly all affections of the esophagus is well illustrated by the experience of Steffen. Out of forty-four cases, including diphtheria, hyperemia, catarrhal inflammation, ulceration, ecchymosis, and gangrene, the diagnosis was made in only three; the remainder were found on post-mortem examination.

Dr. Fry concludes his paper with a careful analysis of the symptoms which were observed in the twelve cases which he has been able to find fully reported in literature.

THE female drug clerk in temperance towns is not a brilliant success, says a Kansas paper. When you wink at her across a soda-fountain she does not know whether to put a little balm of Gilead in your soda or to hang her head and blush.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from October 25, 1885, to October 31, 1885:

Major D. L. Huntington, Surgeon U. S. Army, detailed on board to inspect Army and Navy Hospital Buildings at Hot Springs, Ark. (S. O. 245, A. G. O., October 24, 1885.) *Major Henry McEl-derry*, Surgeon, granted leave of absence for four months from November 1, 1885. (S. O. 246, A. G. O., October 26, 1885.) *Captain J. H. Patzki*, Assistant Surgeon, appointed member of board to meet at Forts Jackson and St. Philip, La., on November 5, 1885, to select a site for the new quarters for the ordnance sergeants at those posts. (S. O. 230, Dept. East, October 28, 1885.) *Captain G. H. Tomey*, Assistant Surgeon, granted leave of absence for two months, to take effect after the return from leave of absence of Surgeon J. C. Bailey, (Major.) (S. O. 87, Div. Atlantic, October 24, 1885.) *First Lieutenant C. C. Burrows*, Assistant Surgeon, in addition to his other duties, to take temporary charge of office of the Medical Division Department Arizona. (S. O. 102, Dept. Ariz., October 17, 1885.) *First Lieutenant C. B. Ewing*, Assistant Surgeon, (Fort Leavenworth, Kansas), to accompany Congressional committee, of which Hon. W. S. Holman is chairman, in its visit and inspection through Indian Territory. (S. O. 160, Dept. Mo., October 23, 1885.) *First Lieutenant F. J. Ives*, Assistant Surgeon, relieved from temporary duty at Fort Larami, Wyoming, and ordered to Fort D. A. Russell, Wyoming. (S. O. 106, Dept. Platte, October 22, 1885.) *First Lieutenant E. R. Morris*, Assistant Surgeon, (recently appointed), assigned to duty at Fort Bayard, N. M. He will continue on detached service under orders of District Commander. (S. O. 160, Dept. Mo., October 23, 1885.)

MARINE MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended October 31, 1885:

Austin, H. W., Surgeon, to proceed to Portland, Maine, on special duty. October 31, 1885. *Carter, H. R.*, Passed Assistant Surgeon, when relieved, to proceed to New Orleans, La., and assume charge of the Service. October 27, 1885. *Battle, K. P.*, Assistant Surgeon, granted leave of absence for thirty days. October 27, 1885. *Williams, L. L.*, Assistant Surgeon, to proceed to Chicago, Ill., for temporary duty. October 28, 1885.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, NOVEMBER 14, 1885.

Original.

SOME PECULIAR COMPLICATIONS IN
RHEUMATISM IN CHILDREN.

BY R. B. GILBERT, M. D.

Demonstrator of Anatomy, University of Louisville.

Three cases of acute rheumatism in children, recently under my care, have exhibited complications so peculiar that I am induced to report them. The first case, Mary R., aged twelve years, had, in addition to the usual symptoms, viz., pain and swelling at the joints with fever, etc., a scarlet rash extending over the whole body, which in appearance was almost identical with the rash of scarlet fever. This disappeared on the second day to return no more. The rheumatism was treated with salicylate of sodium, and the patient made a good recovery in about ten days; but as the rheumatism disappeared choreic symptoms began, and within a week muscular spasm was so violent that the patient was scarcely able to feed herself. After five weeks' treatment with iron tonics and phosphorus the chorea subsided and she was well.

The second case, Charlie B., aged eight years, an inmate of the Methodist Orphans' Home, had rheumatism beginning in the feet and legs, which showed, as the disease developed, the usual symptoms. He was treated with salicylate of sodium and extract of manaca. On the fourth day of his illness a tumor, red and painful, appeared in the median line, midway between the chin and hyoid bone, which, after many days of poulticing, suppurated and was opened, discharging several ounces of offensive pus. Simultaneously with the opening of the abscess the rheumatic symptoms began to subside and convalescence was rapid and complete.

The third case, Sarah R., aged thirteen, a school-girl, began with pain and swelling in the extensor group of muscles in the left

leg, and by the third day most of the muscles of the extremities and the joints were also involved, rendering the patient helpless and in constant agonizing pain except when under the influence of opium. The fever in this case was much higher than in the two cases above mentioned, ranging between 103° and 105° for ten days, notwithstanding the fact that salicylate of sodium and quinine were given in full doses and frequently repeated. After a week's trial of these drugs the temperature was promptly reduced to 100° by three-grain doses of the new febrifuge, antipyrine. I take occasion just here to commend the use of this drug whenever there is a dangerously high temperature, no matter what the disease. The reduction of the temperature in this case, however, brought no improvement in the rheumatism. Various medicines were used until, after a trial of each for a day or two, I had well-nigh exhausted the list of vaunted remedies for rheumatism. As a last resort, upon the suggestion of Dr. R. W. Taylor, I prescribed the extract of phytolacca, which seemed, in a measure, to control the disease, at least about this time the patient began to slowly improve; she had been sick for three weeks.

The complications were as follows: On the seventh day of her sickness the parotid gland on the left side swelled to a prodigious size; I called it mumps, but gave a very guarded prognosis and ordered stimulating liniments applied by moistening soft rags and laying them upon the gland, which resumed its normal size in about one week. About the fourteenth day of the disease, and the sixth of the high temperature above referred to, the whole mucous membrane lining the mouth and covering the tongue was attacked with a follicular inflammation, which rendered it difficult to administer the blandest articles of food for three days. Five-grain doses of saccharated pepsin every three hours and a mouth-

wash of a solution of borax, ten grains to the ounce, promptly cured the mouth. Simultaneously with the appearance of the stomatitis, and while the temperature was ranging daily at about 105° , there came a number of watery blisters about the tips of the fingers, which spread up a little way above the roots of the nails. These looked very much like an ordinary burn. They destroyed the epidermis and caused the loss of several of the finger-nails.

The next complication (occurring on the twentieth day) was the appearance of a fluctuating tumor on the anterior aspect of the left leg, over the belly of the tibialis-anticus muscle; when first noticed, it was about the size of a hen's egg, but rapidly grew larger until it was three times that size. Singularly enough, it was not painful to the touch. Being undecided as to the exact nature of the fluid in the tumor, and taking into account the feeble and highly sensitive condition of the patient, I thought it unwise to make an incision, but plunged an aspirating needle into it and drew off half a pint of bloody watery fluid. The tumor refilled in four or five days, and the patient now being convalescent, I made an incision, and again evacuated about half a pint of fluid (probably serum), as above described. Gentle pressure from the foot upward by means of a roller bandage applied up to within a half inch of the opening, prevented the sac from refilling, which, after discharging the sanious fluid for six or eight days, got well.

The same parotid gland that had been inflamed early in the history of the case again swelled as large as before, but gradually subsided after several days under the topical application of a stimulating liniment, after which the patient went on slowly to recovery. She has partially lost the power of extension in the left foot, due perhaps to destruction of the belly of the tibialis-anticus muscle.

A remarkable feature in these cases is that none of them have as yet shown any symptom of cardiac disease which is so commonly a complication in rheumatism.

Professor Ripley, of the New York Polyclinic, has recently called attention to the changes that take place in the salivary and gastric secretions in children with high fever; he has demonstrated that these fluids become chemical irritants under high fever temperatures. This may explain the follicular stomatitis which complicated one of my cases. Dr. Perry Watson, also of the

Polyclinic and editor of the Archives of Pediatrics, in a clinical lecture recently urged the great necessity of speedily reducing high temperatures in children, giving as a special reason the danger of destructive changes in glandular and other structures. It is to Dr. W. that I am indebted for the suggestion which led me to use antipyrine as above noted.

LOUISVILLE, KY.

NOTES ON A CASE OF EXCAVATING CARCINOMA UTERI.

OPERATION AND TREATMENT.

BY A. GASTON ROETH, M. D.

The following notes may prove useful as showing the satisfactory results obtained by constitutional treatment in connection with thorough operative measures in this disease.

Mrs. B. M., of Boston, aged fifty-two, married, and with a family history of cancer, came under treatment January 4, 1884. Cancerous cachexia was absent, the only remarkable point being an exsanguineous appearance, especially well marked in the mucous membrane, and caused by the condition noted below.

The patient's pulse was normal; body well nourished; catamenia had ceased four years ago. Her general health was good up to within one year of the above date, when the copious uterine hemorrhages for which she came under treatment, and which caused her anemic appearance, first began. There was no pain, no leucorrhea or sanious discharge. Vaginal examination revealed a hypertrophied and fixed condition of the uterus, the cervix being also indurated, the os externum was patulous and filled or plugged up with friable vegetations which bled freely, so that at this and subsequent examinations the patient lost from one half to three half pints of blood on each occasion. These hemorrhages the patient stated were becoming more and more frequent, so that at the beginning of the treatment they occurred several times weekly. I will here state that iron, ergot, and digitalis, either separately or combined, had no control over the bleeding.

The sound passed freely and to a depth of three and one fourth inches. No pain.

In consultation with Dr. W. Symington Brown the diagnosis of excavating carcinoma was confirmed and a speedy operation recommended.

By means of a section prepared from a small nodule torn from the posterior lip of the os, showing the stroma, alveoli, and fully formed carcinoma tissue, further conclusive evidence was obtained. On February 18th, with the kind assistance of Dr. W. Symington Brown, I operated as follows:

Much having been said in relation to the use of the curette or sharp spoon in intra-uterine surgery (*Vide Die operative Gynäkologie* 2te Aufl. S. 506, Schröder; *Die Krankheiten der weiblichen Geschlechtsorgane*, 6te Aufl. S. 124 and 111; Dr. A. Martin, of Berlin, *Zeitschrift für Geburtshelfer and Gynäkologie*, Bd. v. Heft. 1.), and Prowchonick having recommended Simon's spoon (*Sammungen klinischer Vorträge*, p. 1513), the use of the instrument made by Marconi, of Vienna, combining the sharp spoon and various blades was decided upon, and no doubt contributed extensively to the success of the operation. Without describing this useful instrument in detail, I will say that it consists of a narrow ten-inch handle and spring slide and clasp, which permits a dentated cup or socket to grasp and hold at any desired angle the sharp spoon or blades, which are provided with serrated balls, and thus securely held. Its shape and the various angles at which it may be set, make it particularly desirable in operations performed through the speculum.

The patient being placed in the lithotomy position, the uterus was grasped by strong tenaculum forceps and well pulled forward. A circular incision was made through and around the os, carrying away the inner and disintegrated portions of the cervix and leaving an aperture for the sharp spoon, which was now substituted for the blade, to enter the cavity of the uterus. Here a spongy, soft and friable mass was met, and without much bleeding rapidly scraped away; at frequent intervals the cavity was well washed out by means of a warm ten-per-cent carbolic injection. This process was continued until the normal basis tissue was attained. An application of the actual cautery to the fundus and walls completed the operation.

A slight rise in the pulse and temperature was noticeable during the following few days only. Nourishing diet was prescribed and a pill, chian turpentine, gr. v, *t. i. d.* It is needless to occupy space by detailing the daily progress of this case, and sufficient to mention briefly the condition of things as they appear at the present time of writing, October 30, 1885, or one year and nine

months after the operation. The aperture through the cervix has somewhat contracted, the cervix and that portion remaining corresponding to the os is of a glistening pearl-grayish appearance. The sound passes freely three and a fourth inches. There has been no hemorrhage and no discharge, with the exception of a slight sanious flow which lasted only during the first four weeks succeeding the operation. There is no pain. The patient has gained fifteen pounds in weight, and claims to be in perfect health. To my mind the treatment by chian turpentine in conjunction with operative interference accounts for the success of the present case and confirms to the impartial critic the value of this drug in controlling the morbid process of cancer according to the meritorious claims of Professor John Clay and other eminent authorities. (*Vide Lancet*, December 17, 1881, page 1030; *Edinburgh Medical Journal*, December, 1881, page 555; *Lancet*, October 2, 1880, page 533; *Lancet*, July 24, 1880, page 152; *Lancet*, July 10, 1880, page 57; *Lancet*, July 3, 1880, page 33.)

BOSTON, MASS.

Miscellany.

REMINISCENCES OF KENTUCKY'S TWO GREATEST SURGEONS.—The following reminiscences of Kentucky's two greatest surgeons are from the scrap-book of a physician, and published in Cincinnati *Lancet* and *Clinic*. Ephraim McDowell, the originator of ovariectomy, was born in Virginia, but earned his great reputation at Danville, Ky., the center of culture in the Bluegrass State. His medical education was received at Edinburgh, Scotland, where he was a pupil of the great John Bell. His first ovariectomy was performed in 1809. He died in 1830, leaving a never-to-be-forgotten name, and full of honors.

B. W. Dudley, Kentucky's greatest surgeon, went to Europe in 1810, and served under Abernethy and Cooper in London, and Boyer and Larrey in Paris. When he returned from Europe he assumed Frenchified manners, which were rather new to the Lexington of 1814. Dudley's great hobby was rest as a cure for disease; he believed in bandages and quiet in fractures and dislocations. He was known as the Knight of the Roller, and as to bandages it is claimed that America never had his equal in skill

and manual dexterity. Dudley died in January, 1869, aged eighty-five years.

Trephining the skull for epilepsy was first practiced in America by Prof. Dudley at Lexington. It was a revival of the old operation of La Motte in the United States. The *Transylvania Journal of Medicine* contains the particulars of five cases of this operation performed by him.

TREATMENT OF FRACTURES OF THE PATELLA BY WIRING THE FRAGMENTS.—In a paper read before the New York County Medical Association, on the treatment of fractures of the patella by wiring the fragments (*Boston Medical and Surgical Journal*), Dr. F. S. Dennis concludes:

1. In compound fractures of the patella there is not the slightest doubt of the propriety of the operation.

2. In recent and old fractures, under ordinary circumstances and with the patient's consent, it is wholly justifiable.

3. In debilitated patients and those suffering from organic diseases the operation should not be performed.

4. It is not an operation which can be indiscriminately performed. It should never be undertaken by the inexperienced or by any one who has not the most entire faith in the efficacy of antiseptic surgery.

5. Success depends on the most strict observance of the minutest details of antiseptic procedure.

DIGITALIS AS A CARDIAC STIMULANT IN CHILDREN.—At a recent meeting of the New York Obstetrical Society (*New York Medical Journal*) a discussion took place on the treatment of bronchitis in children. Speaking on the question of stimulation, and limiting his remarks to cases of simple catarrhal bronchitis in children between six months and a year old, Dr. A. Jacobi said that in ordinary cases alcoholic stimulants were **not** necessary, but that he never omitted the use of such cardiac roborants as digitalis. Like a number of other drugs, digitalis, he said, was borne by children in relatively large doses, and he had found it to act better as a cardiac stimulant if given in two or three large doses each day than if given in small doses frequently repeated. For children of the age mentioned he would give a grain twice a day.

A MUSTARD SPONGE.—In referring to sponge as a carrier of poultices, Dr. Richardson considers that it makes the best of

mustard carriers. Mix the mustard in a basin with water until the mass is smooth and of even consistency. Then take the soft mass all up with a clean sponge, lay the sponge in the center of a white handkerchief, tie up the corners neatly, and apply the smooth, convex surface to the skin. This mustard sponge, warmed again by the fire and slightly moistened, can be applied three or four times, is good for several hours, and saves the trouble of making a new poultice during the weariness of night watching. The sponge can afterward easily be washed clean in warm water.

PROVOKING.—The following card from the publishers of the *Annals of Surgery* explains itself, and will doubtless call forth expressions of sympathy from every medical editor in the land. We are glad to learn that the sorry condition in which our esteemed contemporary appears this month is the result of accident, and not premature decrepitude.

You will have, ere this, noticed the inexcusable blunder made by the binder in binding November number of the *Annals of Surgery*, also the paper house in furnishing off-color and poorer quality of paper. We are indeed sorry for this, but we are pleased to inform you that notwithstanding the type has been distributed, it is all being reset, and we hope to be able to mail you soon another November number which shall correspond to former issues.

J. H. CHAMBERS & CO.

ST. LOUIS, MO., November 6, 1885.

WATER AS A LOCAL ANESTHETIC.—Dr. W. S. Halstead says, in the *New York Medical Journal*:

1. The skin can be completely anesthetized to any extent by cutaneous injections of water.

2. I have at times of late used water instead of cocaine in minor operations requiring skin incisions.

3. The anesthesia seldom oversteps the boundary of the bloodless wheal, but does not always vanish just as soon as hyperemia supervenes.

THE *New York Evening Post* offers its semi-weekly edition to new readers for the last three months of this year for twenty-five cents. Its make-up includes, besides the news of the half week, the leading editorials of the daily edition, foreign and domestic correspondence, personal, political, and religious notes, book reviews, musical and dramatic criticism, farm, household, and fashion hints, selections from the best cur-

rent foreign literature, etc. Owing to its thoroughly independent attitude upon all political questions, the views of the *Evening Post* are more eagerly sought and more widely copied than those of almost any other newspaper in the country. This was the case in the last presidential campaign, when, for reasons which it gave in advance of the nomination, it found itself unable to support the Republican candidate. This has been the case also since the election, for the paper has again demonstrated its independence by promptly denouncing all departure of the new administration from the reform pledges upon which it was intrusted with power.

CHAULMOOGRA OIL IN CHRONIC SQUAMOUS ECZEMA.—Dr. W. L. Chew reports, in the *New Orleans Medical and Surgical Journal*, a case of chronic universal squamous eczema cured by this remedy. The patient had been treated with iron, arsenic, cod-liver oil, etc., with but slight improvement. The oil was then given in two- or three-drop doses, and increased to ten to fifteen drops three times a day. The best vehicle was found to be a goblet of sweetened cream. The oil was also used in the form of an ointment:

Chaulmoogra oil, ℥ii;
Glycerine, ℥iv.

To be rubbed over the body and limbs, and the cold shower-bath applied three or four times a day.

In fifteen days all the exudation had been checked; on the nineteenth day the case was discharged cured.

NICKEL-PLATED CORPSES.—The *Medical Record* says an ingenious Frenchman has conceived the thoroughly Parisian idea of preserving bodies by covering them with metal skin. Burying, he says, has been condemned by experience, cremation is bad, as it destroys all evidence of crime in case murder has been committed, and embalming is expensive. But galvanizing is safe and cheap. The poor can be zinc-plated, well-to-do individuals may acquire a copper coat, and the millionaires can enjoy the luxury of silver or gold plate. M. Kergovat, the inventor of this method, says he has already used it successfully eleven times in the case of human beings, and over a hundred times for animals.

OXALATE OF CERIUM IN VOMITING.—Dr. W. K. Chittick (*Detroit Lancet*) speaks highly of oxalate of cerium as a gastric

sedative. It should be given, he thinks, in larger doses than are usually recommended; ten to twenty grains every two to four hours until relief is obtained, he does not think too much. Its value seems to be due to its direct sedative and astringent action upon the terminal filaments of the pneumogastric nerve.

DEATH OF WM. B. CARPENTER, M. D., LL. D., F. R. S.—The sad death of Dr. William B. Carpenter, LL. D., F. R. S., is announced. Dr. Carpenter had been suffering from rheumatism, to relieve which he resorted to vapor-baths. In taking one of the baths he upset the lamp, burning him so severely that death followed in a few hours. Dr. Carpenter's fame as a scientist is world-wide. He was an original investigator of the first order, and the author of several classical works. He was seventy-two years of age at the time of his death.

DIRECT MEDICATION OF THE SPINAL CORD. Dr. J. L. Corning, in an article in the *New York Medical Journal*, says he has been able, by the hypodermic injection of cocaine into the tissue between the spinous process of the vertebræ, to so influence the cord that reflex action and sensory conduction may be almost completely annulled.

MENTHOL.—Dr. L. Casper, after experimenting with menthol and making trials with it in his practice, concludes (*Med. and Surg. Reporter*) that menthol is an anesthetic for those sensitive nerve-terminations with which it can be brought in direct contact. It strongly excites the action of the secretory nerves.

THE Second Annual Meeting of the New York State Medical Association (the Old Code Society) will be held in the Murray Hill Hotel, New York City, on November 17th, 18th, and 19th, and at the Carnegie Laboratory on the 20th.

THE POWER OF GERMS TO WITHSTAND COLD.—Germs are probably much less affected by cold than might be expected. Experiments have been reported in which a temperature of 12° degrees below zero did stop the processes of putrefaction.

CINCINNATI ACADEMY OF MEDICINE.—On Monday evening, November 16th, Dr. B. Tauber will read a paper on the "Local Treatment of Laryngeal Phthisis."

The Louisville Medical News.

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THE DEMAND FOR TRAINED NURSES IN THE SICK-ROOM.

Our New York correspondent gives in this issue a sketch of the workings of the training schools for nurses attached to three of the New York hospitals. The rapid progress made by these schools since their foundation, eight years ago, demonstrates the importance of their existence.

The physician in charge of a serious case of illness should always have some one in constant attendance who can become responsible for the care of the patient during his absence, and to whom he can give the proper directions, feeling sure that they will be carried out to the letter.

It is evident that a member of the family is not usually the proper person for such a trust; since anxiety, timidity, and often the entreaties of the patient may handicap his judgment.

The proper place for educating the nurses is evidently the wards of our hospitals. Here they are brought in contact with all kinds of disease, and here they can obtain such knowledge as is necessary to the proper performance of their functions in the sick-room.

The visiting physicians may give the students rudimentary instructions in anatomy, physiology, hygiene, and preventive medicine; and it would perhaps be wise to teach them the doses of drugs, their physiological and toxicological effects, and the antidotes for poisons. The application of the bandage and the uses of the thermometer and catheter are necessary accomplishments. By some one trained in the art of cooking they could be taught to prepare the articles of diet required by the sick. To acquire this knowledge is needed only close observation, quick perception, and a sufficient amount of practical, every-day experience.

The value of a nurse well trained can not be overestimated, his place being second only to that of the physician. A circumstance related as having occurred in one of the New York hospitals goes far toward proving this assertion. A man operated upon by the surgeon soon after began to bleed from one of the larger vessels in the neck. In a few seconds, even before the house surgeon could have reached him, he would have been dead. With rare presence of mind, the nurse thrust her finger into the wound, compressed the bleeding vessel, and saved the patient's life. None but a person trained for such emergencies would have thought of this.

Not only does the rapid progress of these schools demonstrate feasibility, but by comparing the records of the hospitals, before and since their establishment, it has been found that the death-rate has been much lessened. At Charity Hospital, on Blackwell's Island, the first year after their inauguration the death-rate fell thirty per cent. This fact alone calls for their establishment in all well-organized institutions for the care of the sick.

Besides providing for the public poor efficient nurses, and for the community the opportunity of obtaining competent help in the sick-room, the scheme opens an honorable and most useful avocation for woman, and one that in time will become remuner-

ative to those who pursue it with fullness of purpose. That there is abundant material for the making of nurses is shown by the number of applicants for the twenty positions in the New York Hospitals.

The office of the nurse should be more than that of a menial. The calling should rank as a profession, its representatives having full care of the sick-room under the physician's eye. It is not expedient that nurses should know any thing of pathology or the technique of surgical operations, and care should be taken not to give them such smattering of knowledge as would tempt them to enter the field as rivals of the physician and surgeon.

The good work already begun with a view of establishing a suitable training school in connection with our own City Hospital should be pushed to completion. Is it too much to expect that the project will meet with such substantial encouragement at the hands of our generous citizens and authorities as shall insure its full success? The time is ripe for the development in our midst of this department of practical charity, and he who lends it needed aid shall vouchsafe to suffering humanity a lasting legacy of good.

Bibliography.

Clinical Therapeutics: The Treatment of Nervous Diseases, of General Diseases, and of Fevers. Lectures in Practical Medicine, delivered in the Hospital St. Antoine, Paris, France. By Prof. DUJARDIN BEAUMETZ, Physician to the Cochin Hospital, Member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine. Translated by E. P. HURD, M. D., Member of the Massachusetts Medical Society, Vice-President of the Essex North Medical Society; one of the Physicians to the Anna Jacques Hospital, Newburyport, Massachusetts. Detroit, Michigan: George S. Davis. 1885.

After having been translated into Spanish, Italian, Greek, and Russian, and having exhausted in France four editions even before completion, this masterpiece of Prof. Dujardin Beaumetz comes to us in an excellent translation, preserving all the clearness and vigor of style of the original.

Among the sterling works that have proceeded from the medical press, *Clinical Therapeutics* has rightfully taken its place as second to none in its line ever written. Terse and lucid in style, comprehensive in the treatment by every subject it essays, exhaustive in the investigation of the appropriate experiences of others, having drawn from the published labors of all countries, apposite in their application, and severely logical in deductions, the work is a monument of learning, industry, and discrimination.

In studying it, one not only becomes informed as to the most advanced views upon the various subjects of which it treats, but he has also obtained a mental training which qualifies him the better for further investigations.

The limits of the light thrown upon the action of medicines by physiology, chemistry, and pathology are clearly defined, and from the path thus thoroughly illumined one can easily learn where to begin explorations in the field of experimental and rational medicine. We commend it to every physician who would know what he is doing.

D. T. S.

Fownes' Manual of Chemistry—Theoretical and Practical. A new American from the twelfth English edition, embodying Watts's "Physical and Inorganic Chemistry." 168 illustrations. Philadelphia: Lea Brothers & Co. 1885.

Fownes' Chemistry is always a timely book and, furthermore, is always up to the times. In the new edition the inorganic portion is not so much Prof. Fownes' work as that of the reviser, the late Henry Watts. The successive changes rendered imperative in this text-book by the progress of the science, since Prof. Fownes' death, have all been intrusted to scientific experts of renown, so that its high position as a standard work has never been questioned. In the present edition the only part of the volume which is distinctively the work of the original author is the organic part. While this has continually been recast and supplemented to meet the broadening aspect of the subject, the original scheme remains practically the same. This portion of the work reflects the deep and philosophic conceptions of the relations of this intricate subject which the author possessed, and being ever mindful of the requirements of the student, he spared no labor to make it as comprehensive and as easy of comprehension as the nature of the subject would per-

mit. In the theoretical portion there is much to be praised, and some little to be explained, and even questioned.

This part of the work does not differ essentially from that of the previous edition, and some errors which were contained in the latter have not been rectified in the former. In the first place, the theoretical portion, for a volume of its intentions, is exhaustive—too much so, perhaps, for the beginner. But this is not a fault, for it is thereby made more valuable for the teacher and the advanced pupil. As a rule, it is clear and comprehensive in statement, and the examples are well selected and effectively used.

One or two things need explanation. Firstly, there is countenanced the theory of elemental radicals to explain the varying degrees of quantivalence exhibited by some elements, which is useless, if not absurd. At present the theory of bonds fully covers the ground and presents an adequate explanation.

Secondly, the author, with the most of the English chemists, persists in using as synonymous the terms "quantivalence" and "atomicity." This is a sad error, for the terms are radically distinct, and refer to two different properties of elementary bodies. The first has reference to the hydrogen value for combination of the atom, while the second is intended to display the constitution in number of atoms of the elemental molecule.

For instance, the atom of phosphorus may be said to have a quantivalence of five, while the atomicity of its molecule is four, since its molecule is composed of four atoms. In the case of most elements where the atomicity is two, the disparity is more striking.

In conclusion, we can recommend this volume to our teachers and students with the full belief that it is, in every respect, equal to former editions and abreast of the times.

S. F.

A Text-Book of Chemistry. By ELIAS H. BARTLEY, M. D., Adjunct Professor of Chemistry in Long Island College Hospital, etc. For Students and Practitioners. Philadelphia: P. Blakiston, Son & Co.

This book, the author tells us, is written with the view of enabling students to obtain a thorough knowledge of the practical details of chemistry. The author admits that it is largely a compilation and claims little originality in the subject-matter. He

has, however, shown excellent judgment in the selection and arrangement of his material. The four parts treat of Chemical Physics, Notation, Nomenclature, and Chemical Reaction, the Natural History of the Elements and principal Compounds, with their physiological and toxicological bearings, and such organic compounds as the physician will be likely to meet with. Of this work it may be said that it is condensed without being abrupt, it is detailed without verbosity, and all the instructions are given clearly and distinctly. The oldest and most accomplished physician will be well repaid in having it for a book of reference, while the student will find that it will lighten the burden which, of necessity, he is compelled to carry. It is completed by an excellent set of tables and an index. H. M. G.

A Formula Book: How to Use Listerine. To the medical profession. Lambert Pharmaceutical Company. St. Louis. 1885.

The Principles and Practice of Surgery. By John Ashhurst, jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania; Senior Surgeon to the Children's Hospital, etc. Fourth edition, enlarged and thoroughly revised; with five hundred and ninety-seven illustrations. 8vo, pp. 1118; leather. Philadelphia: Lea Brothers & Co. 1885.

Epilepsy and other Chronic Convulsive Diseases; their Causes, Symptoms, and Treatment. By W. R. Gowers, M. D., F. R. C. P., Assistant Professor of Clinical Medicine in University College. September number of Wood's Library of Standard Medical Authors for 1885. 8vo, pp. xi and 255; cloth. New York: William Wood & Co. 1885.

A Reference Hand-book of the Medical Sciences; being a complete and convenient work of reference for information upon topics belonging to the entire range of scientific and practical medicine, and consisting of a series of concise essays and brief paragraphs, arranged in the alphabetical order of the topics of which they treat; prepared by writers who are expert in their respective departments. Illustrated by chromolithographs and fine wood engravings. Edited by Albert Buck, M. D., New York City. Vol. 1. 4to, pp. vj and 808; leather. New York: William Wood & Co., 56 and 58 Lafayette Place. 1885.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

In view of the fact it has been proposed to establish trained nurses at the Louisville City Hospital, a few words in regard to the training schools for nurses in this city may be of interest. There are three such schools in New York, which are connected with the New York, Charity, and Bellevue hospitals; the former has been in operation since 1877, during which time eighty-four pupils have graduated. Applicants for admission during the year 1884 were two hundred and sixteen; out of these only twenty were accepted. The course of instruction at these schools is from eighteen months to two years. Applicants must be between twenty-five and thirty-five years of age, have a common-school education, be of good moral character, and in good health. Their salary is ten dollars for the first six months, thirteen for the second, and sixteen dollars for the rest of their term of service; board and lodging free of charge.

The instruction consists of didactic lectures and clinical teaching. At the end of the term of service the pupils are examined, and those who are found fully qualified receive diplomas under the seal of the hospital, setting forth that they are experienced and competent nurses.

The ninth annual commencement exercises of the training school of Charity Hospital was held yesterday. Addresses were delivered to the graduating class by Mayor Grace and others. Fourteen members of the class received diplomas. That the graduates of these schools have given satisfaction to the laity as well as to the profession is shown by the fact that the demand for them far exceeds the supply. Not to consider the many reasons that have been advanced as to the advisability of employing male nurses for male patients it is conceded by all that there is an urgent need for this class of nurses, and yet there is not a training school for men in the country.

I have been much interested of late in a very unusual form of skin disease, now under treatment by Dr. G. H. Fox. The disease has been described under various names, as "neoplasma," by Hebra, who first encountered it in 1872; "inflammatory fungoid neoplasm," by Geber and Duhring, and "ulcerative scrofuloderm," by Van

Harlingen. Duhring gives a full clinical account of a case in the Archives of Dermatology, 1879 and 1880.

The disease is characterized by the more or less sudden appearance of raised or flat patches and prominent tumors of a dull red color, causing great deformity. When the lesion is very marked upon the face, as in this case, it gives it an almost leonine expression. All the reported cases have resulted fatally within a few years. From the appearance of the disease, though the pathology is not well understood, it is now regarded by Kaposi and others as a malignant sarcoma of the skin.

I learn from one of the trustees of Vassar College that the two lady resident physicians have given great satisfaction, not only as medical advisers to the students, but as lecturers on physiology.

The treatment of old ununited fractures by the following method, as practiced at several of the New York hospitals, is said to give much more favorable results than by the old methods of driving in ivory pegs, rubbing ends of the bones together, etc. The fragments are fixed by driving a number of gilded nails down through the skin, muscles, and bones, and then fixing the limb in a plaster splint; no primary incision is made, and the nails can easily be removed when necessary.

The advisability of following the advice of dermatologists in the diagnosis of skin disease, to depend entirely upon the objective symptoms in considering the history of the case, and the subjective symptoms only to verify the diagnosis, is well illustrated in the following case: A patient appeared before the clinic with a copious, papular eruption over the thighs, legs, and arms. The papules were large, flat, circular, and brownish in color, with a tendency to form patches. A mucous patch existed on the lip; diagnosis, late papular syphiloderm. On questioning the patient, she said the skin *itched very much*, and that she suffered from rheumatic pains, but only during the *day*, never at night; did not remember having had sore throat; had been a widow for six years. It was subsequently ascertained that she had been treated for syphilitic retinitis, and the eruption is now disappearing under mercurial treatment. If the subjective symptoms had been first considered in this case they would have tended to exclude syphilis in the mind of the examiner.

J. C. McGUIRE, M. D.

NEW YORK, October 30, 1885.

Translations.*

DISSOCIATION OF THE AURICULAR AND VENTRICULAR CONTRACTION. — Chauveau has recently published (*Revue de Medicine*, March 1885) a case in which the auricles and ventricles acted independently of each other. The rhythm of the auricles were 60 to 65 to the minute, and of the ventricles 21 to 24. Pulsations in the external jugular were quite perceptible both to sight and touch. The patient presented appearances which led to suspicion of disease of the bulb of the vagus. Experiments on animals have shown that, after section of the vagus, the introduction of a canula into the heart chambers, destroys the rhythm of the ventricular contraction while the auricles remain unaffected. — *Wien. Med. Wochenschrift*.

OSMIC ACID FOR NEURALGIA. — Von Schapira (*St. Petersburg Med. Wochenschrift*) reports eight cases of neuralgia of the trigeminus treated with hypodermic injections of osmic acid (osmic acid, 1 part; distilled water, 60 parts; glycerine, 40 parts). The number of injections varied from one to twelve. The dose was 5 to 12 drops. Injections over the painful spots were very certain in their results. After injections the neuralgia would frequently shift to a neighboring branch of the nerve. In five cases complete cures were effected, decided improvement resulted in two, and in one no results were obtained — *Ibid*.

POISONING BY NITRO-BENZINE. — Dr. Mehler, of Lemberg, reports a case of poisoning by nitro-benzine, treated at the hospital in that city. The patient, the son of a soap factor, came across a bottle of the poison, which was used for perfuming soap, and concluding from its pleasant odor that it was some agreeable drink, swallowed a mouthful of it. Immediately a feeling of "nothingness" came over him, with nausea, vertigo, and a desire to lie down. He cried out as soon as possible to be given something, as he was being exhausted by the pains which were gnawing his entrails. As soon as the nature of the accident was understood a large quantity of milk was given him to drink, and he was advised to go to the hospital as his best chance for prompt relief. When he reached the hospital his agonies were extreme, his breath had a striking odor of bitter almonds; the pulse

was accelerated, the eyes reacted well to the light. The stomach-pump was used and the stomach well emptied and washed out. The vomited liquid consisted of a grumous mixture of water and curdled milk, and had an extraordinarily penetrating odor of bitter almonds. The case, according to Dr. Mehler, has two points of special interest. First, eight to ten drops of nitro-benzine is considered a fatal dose, and it is said to remain from one to two hours in the stomach without manifesting its presence. Under its influence will appear torpor, heaviness of head, nausea, and colics; it is only later that convulsions, tetanus and cyanosis appear (*Royal Encyclopedia*). In this case, though the amount taken was not to be compared with the above dose, yet the symptoms were not alarming. On the part of the nervous system, no symptoms whatever were observed. The first thought suggested was that it was a case of poisoning by cyanide of potassium. But after the development of this case confusion of poisoning with cyanide of potassium ought not to be possible except in post-mortem investigations. — *Progres Medical*.

Selections.

NITROUS OXIDE GAS IN THE EXAMINATION OF FRACTURES. — Before the Philadelphia College of Physicians, October 7, 1885, J. M. Barton said: I was obliged, during the last three months at the German Hospital, to examine an unusual number of fractures under an anesthetic, as many of them were near the larger joints, and the character and extent of the bony lesion could not otherwise be appreciated. In the neighborhood of the ankle-joint alone, out of a large number examined, there were sixteen cases in which fractures were found. In many of these cases the line of fracture is quite transverse, running through one or both malleoli, but owing to the spasmodic contraction of the muscles the parts are held firmly in place, and without an anesthetic it would be difficult to say that any bony lesion existed.

With ether many patients struggled so during the period of excitement that I often feared that they might seriously complicate the existing injury. Indeed, the struggles of some of them were so threatening that I treated several cases without having administered an anesthetic, preferring to take the

* For the Louisville Medical News by D. T. Smith, M. D.

risk of not fully knowing the extent of the injury rather than that a simple fracture should become compound while making the examination.

Early in March I obtained for the hospital, from S. S. White & Co., an apparatus consisting of an iron cylinder containing one hundred gallons of liquefied gas, a gas-bag of seven and one half gallons' capacity, and the necessary tubing, mouth-pieces, etc.

On March 6th the gas was administered to Marie B., aged twenty-six years, servant girl by occupation. She became fully unconscious without any struggling whatever. Fractures of the tibia and fibula were discovered, and their lines fully recognized and noted. The recovery from the gas was, of course, prompt.

March 16th. Hugh C., aged fifty-three, laborer, a stout Irishman, of probably bad habits, and whom I should have expected to have struggled violently under ether. He took the gas quietly and without a struggle. I made a full and careful examination. Both the tibia and fibula were fractured. The line of fracture fully recognized and noted.

March 21st. M. S., aged twenty-two, a baker, had ingrowing toe-nails. Both sides of both great toes were removed under "nitrous oxide," Dr. Rehfuß, the resident physician, operating upon one toe and I upon the other. The patient stated that he had not felt a particle of pain.

March 23d. Anton C., aged thirty-eight, wagon-builder, was examined under "the gas." A comminuted fracture of the tibia was discovered, the position, size, and obliquity of the pieces noted. In addition, a fracture of the fibula at the junction of the lower and middle third, and another just below the head, were discovered.

March 27th. Ellen S., aged forty-two years, servant, was examined under nitrous oxide, and a Pott's fracture found.

During this time, in private practice, I refractured a radius in the case of Miss L., using nitrous oxide as the anesthetic. The patient was fully unconscious, and I had no more difficulty than if ether had been used.

I would call the attention of the Fellows mainly to the advantages of nitrous oxide in the examination of fractures. Its advantages in all minor operations, of course, are familiar. That it does not cause nausea nor vomiting, even if the stomach be not empty, the slight risk, the immediate recovery permitting the patient to attend at once to his usual avocations, etc., are well known; but in fractures we avoid that period of excite-

ment which appears during the administration of ether, and during which the patient is so likely to further injure the fractured limb.

The period of full anesthesia is from one to two minutes, but the period of total muscular relaxation is nearly four minutes.

While the anesthetic is being administered the injured limb is fully exposed and held by the surgeon. Before the patient is quite unconscious the surgeon feels the limb become limp and lax in his hand; all the muscles are relaxed. The examination can now begin, though the patient gives some slight evidence of feeling pain. This period, the period of total unconsciousness, and the succeeding period of muscular relaxation, gives about four minutes, which I have found to be abundant time to examine almost any fracture.

Nitrous oxide has been but little used in surgery, owing to the difficulties of keeping and transporting it; but the apparatus which I show you here, and which is furnished at a moderate price by the dental-supply depots, overcomes these objections, and I am sure it will be found of service in many minor operations. I am well aware that some of the Fellows of the Academy have used this anesthetic for a long time, and have had great experience in its use; but I also know that very few if any of the hospitals use it, and it is not nearly so much used in surgery as it should be.—*Advanced Sheets of the Society's Proceedings.*

CASES OF PAINFUL MAMMÆ IN YOUNG GIRLS.—F. H., a healthy, well-made girl, aged eleven years and six months, was brought to see me at the Hospital for Sick Children on account of great pain in the left mamma, which had existed for nearly a twelvemonth, but had latterly become more severe. She was rather weak and overgrown, but otherwise she appeared to be in good health. There was no history of any blow or injury. The left mamma was very little larger than the right, yet there was a slight but decided swelling of the whole gland. She complained of continuous pain in this region, and the very slightest pressure caused her to wince. The mother stated that, at times, the pain was very severe, and there was no doubt, from the child's manner when seen, that this was the case. There was nothing to warrant the suggestion of hysteria. No catamenia had appeared, nor were there any other indications of their advent. It was stated, however, by the mother, that two elder daugh-

ters, by a former marriage, have found the catamenia appear at eleven and a half years of age, and both had premonitory symptoms, the one experiencing severe headache, which ceased upon the appearance of the menses, and the other suffered from a rash upon the body and a headache. In both these children there was no appearance of any flow for two years subsequent to its first occurrence.

The painful condition of the mamma in this child continued for six weeks, notwithstanding local and general treatment, during which time no alteration in the condition of the gland was to be noticed. There was no heat or redness of the areola, and there was but little enlargement, nor was any change observed in the appearance or condition of the nipple. At the end of this period, however, the right breast became afflicted in an identical manner.

For another six weeks—during which she was treated with aloetic purgatives, with iron, and with the local application of belladonna—the condition remained much the same; but at length it began to intermit, the pain disappearing for a few days and again recurring, until, at the end of the fifth month after I first saw her, the symptoms disappeared; no catamenial show having then occurred.

In the last four years I have had several cases of this painful affection of the mamma brought to my notice. The ages of the girls varied from ten and a half to twelve years, and most were tall and well formed. In five of the cases the left breast only was affected, and in one case the right, while both were consecutively the seats of pain in the cases above detailed. Seeing this more frequent tendency of the left mamma to become affected, it occurred to me that it might be due to the pressure of the chest against a desk in writing, and in one or two of the patients this was thought a possible explanation, but in none of them did the pain cease for many weeks after they had been kept from school or prohibited from writing.

All the cases remained under observation for many weeks, and I can not say that they were much relieved by local or general treatment. The pain, as in the above case, became intermittent, and at last ceased. Some nervous symptoms were present in two of the children, one having been previously under treatment for chorea, which had not entirely disappeared, and another suffered from occasional headache, vomiting, and pain in the lower part of the abdomen.

I have been unable to meet with much information on the subject of this condition in any works on surgery, or in any special treatises on diseases of the breast, and I believe that the condition is a rare one from the few cases of its occurrence among the very large number of patients which come before me. The absence of any great heat, redness, or swelling, puts inflammatory conditions out of the question, and the age of the patients, the obstinate and chronic character of the pain, together with the slight enlargement of the gland, and its extreme tenderness on pressure, would seem to point to some developmental change in the structure of the gland, which accompanies, or may even precede, the changes which are doubtless commencing about that period of life in the ovaries and organs of generation, with which the mamma has so many sympathies.—*J. H. Morgan, in British Medical Journal.*

STRANGULATED UMBILICAL HERNIA TREATED BY EXCISION OF THE SAC AND SKIN COVERING; SUTURE OF THE RING AFTER REDUCTION.—At a recent meeting of the Clinical Society of London, Mr. Clements Lucas reported two cases operated on in this manner. He said that for several years he had been in the habit of excising the sacs when called upon to operate for strangulation in cases of hernia (of whatever kind), and that he had been led to do so, not so much for the purpose of producing a radical cure (though this was an advantage), as to lessen the mortality from the operation. He regarded the sac itself as a danger, from its badly nourished texture, its tendency to suppurate or slough, and its liability to collect discharges and guide them into the peritoneal cavity. To rid the patient of this abnormal, overstrained, ill-nourished, not only useless but absolutely injurious piece of tissue should be the aim of every surgeon when called upon to operate for strangulation after reducing the bowel. To speak of such a proceeding as “unsurgical” was a wanton misuse of the adjective. It was probably the only operation for radical cure that would bear the test of time. He regarded no operation for femoral hernia complete till the sac had been excised, even though the bowel might have been reduced before opening the sac. The same might be said of acquired inguinal. The congenital inguinal presented especial difficulty as the whole sac could not be excised without

sacrificing the testicle, but he usually excised the funicular portion, and rigid antiseptics is here advisable. He was about to advocate much more radical measures in cases of umbilical hernia than were usually adopted, and he believed the mortality would thus be greatly lessened. The first case was of peculiar interest, inasmuch as the operation was performed on a patient in an advanced stage of dropsy from Bright's disease. It might be studied with a case reported in the *Guy's Hospital Reports* for 1879, page 332. In that case he had twice operated on a femoral hernia, at an interval of eleven months, for strangulation during dropsy from heart disease. A laundress, aged forty-eight, suffered some years from winter cough, but till June, 1883, believed herself healthy. She then began to suffer from dropsy. In July, 1884, paracentesis abdominis was performed, when she was under the care of Dr. Wilks. She was tapped a second time in February, 1885, and a third time on April 9th of this year, when eighteen pints of fluid were withdrawn. She then had very general anasarca, râles over both lungs and dullness of the bases, urine depositing one third albumen on boiling, and containing some blood. On May 22d, at 4 A.M., the umbilical hernia, which she had had some years became strangulated, and Mr. Lucas operated at one o'clock, having failed to reduce it by taxis. It was found necessary to open the sac, when a considerable quantity of fluid escaped, and a large piece of purple small intestine came into view. The opening was enlarged so far as to admit the finger into the abdomen, but owing to the water pressure behind it was found impossible by manipulation to reduce the bowel. Finding the obstacle to reduction was the peritoneal fluid, Mr. Lucas placed the patient on her side and, holding the intestine on one side with his finger passed through the aperture, allowed, in this way, three and a half pints of ascitic fluid to escape. After this the bowel was easily returned. He then cut away the whole of the sac, and afterward all the thin distended skin. Three stout chromicized catgut sutures were next passed through the margins of the umbilical opening to the peritoneal surface, tied, and cut short. The skin margins were then brought together with wire sutures. Carbolic spray and antiseptic dressings were used. Sickness ceased at 10 o'clock the next morning, and the patient was comfortable. All the wire

stitches were removed on the sixth day, and the wound appeared to be healed, although the urine still contained one third albumen and some blood. A few days later slight suppuration took place, and the cause proved to be one of the catgut stitches, which came away unchanged on the fifteenth day. After this she gradually improved, and left the hospital on July 25th, at which time there was no tendency to protrusion at the umbilicus. The second case was that of an exceedingly stout, plethoric woman of fifty-two, who was admitted to *Guy's Hospital* on September 6, 1885. She is married, and has four children. When lifting a heavy pole of clothes, eleven years ago, she first felt something give way at the navel. Since that time she has, on four occasions, required chloroform for the reduction of the hernia, which was of large size. The last time it was thus reduced was in August, 1884. At 10 A.M. on September 5th, as the result of a severe fit of coughing, the rupture became distended and irreducible. She was seized with severe pain over the stomach, and vomiting occurred soon after and continued till her admission at 7 o'clock in the evening of September 6th. Her bowels had not acted since the hernia came down. She was sick soon after her entry, bringing up dark greenish fluid. She was in much pain, and very restless. The hernia was of large size, and uneven on the surface, four inches by three in diameter, tense, devoid of impulse, and tender on manipulation. Taxis having failed both before and after the administration of chloroform, Mr. Lucas proceeded to operate at 9 o'clock in the evening. A vertical incision, about four inches in length, was made at the upper part of the tumor, and the sac being exposed, the ring was divided outside, and taxis again applied without success. The sac was then opened, and some blood-stained fluid escaped. The sac was found to contain a large mass of adherent omentum, forming an omental sac, within which the bowel was strangulated. After division of the stricture several feet of dark-colored intestine were reduced; and the transverse colon then appeared in the sac, but it was not strangulated. Two large pieces of omentum were then ligatured with green catgut and cut away. The sac was next separated from its connections and cut away, except at the lower part, where the adherent omentum made it impossible completely to remove it. Three stout green catgut ligatures were then passed through

the edges of the aperture to the peritoneal surface, and the opening thus closed, the stumps of adherent omentum and sac being outside. The skin was cut away and its edges brought together with wire sutures and an aperture left for drainage at the lower front. Carbolic spray and antiseptic dressings were used. She had no sickness after the operation, and was quite relieved from abdominal pain, the abdomen remaining soft and free from tenderness. On the 10th there was a rise of temperature, and on being dressed some blood-stained discharge escaped from the lower part of the wound. After a week a slough came away, evidently the remnant of sac and stump of omentum. After this she rapidly improved, and had a normal temperature. Her bowels acted on the 15th. On September 23d the drainage-tube was removed. September 27th she got up and was practically convalescent. The cases illustrate the value of removing the sac and closing the abdominal aperture. Neither patient was in a good condition for operation, one being in an advanced stage of dropsy from heart disease, the other exceedingly fat and flabby. In both a large quantity of bowel was strangulated, and in one the hernia was much complicated by adherent omentum. In both some suppuration occurred, and in one sloughing; yet no suppuration extended to the peritoneum, as would probably have been the case had the aperture been left patent. Both patients recovered.—*British Medical Journal*.

NOTES ON TREATMENT.—(Prof. Da Costa, in College and Clinical Record):

1. *Dyspepsia. Cause of Functional Indigestion.* (1) Eating too rapidly. (2) Drinking too much water at meal-time. (3) Improper food. (4) Want of exercise. (5) Too much tea and coffee. (6) Too much tobacco.

Treatment. Under-done meats and but little bread. No sweets. Pepsin sacch., gr. v., at each meal. The mineral acids before meals, as muriatic, nitro-muriatic, or phosphoric. Certain bitters, as nux vomica and strychnine combined with gentian or calomba. An alkali a few hours after meals when there is great acidity, but should not be used too frequently.

2. *Dilatation of the Stomach. Treatment:* Dry, solid food; under-done meats; no milk. Carbolic acid to allay fermentation. Wash out stomach occasionally. Strychnia, hypodermically or by mouth.

3. *Chronic Gastritis. Treatment:* Cause to be removed. A scanty supply of food. Pepsin at each meal (gr. v). Milk, with a little meat, may be taken as food. Oxide of silver, gr. $\frac{1}{2}$, a dose, will be found of value. Bismuth is useful. Avoid tonics, but use the mineral waters to keep portal system drained.

4. *Gastric Pain (Gastralgia). Treatment:* Diet of little importance. Stimulus at meals in small quantities. Morphia relieves at once, but use it carefully. (1) Bismuth, with a little opium. (2) Nitro-muriatic acid, gtt. ij–iij, diluted, or—

R Morph. sulph.,.....gr. $\frac{1}{32}$;
Acid. carbolic,.....gtt. j;
Aq. menth. pip.,.....ad. f 3j.
M. Sig. *Ter die*.

Fowler's solution, beginning with gtt. ij, and increase to gtt. v, *ter die*.

5. *Hematuria.* Treat the cause as well as the symptoms, though the treatment of both is generally the same. (1) Gallic acid, in doses of gr. x–xx, repeated every hour or two. (2) Sulphuric acid, alone or with gallic acid, unless contra-indicated by scarlet fever, etc. (3) Fluid extract of ergot, gtt. xx, increased to f 3j. All three of the above are reliable remedies.

6. *Medical Treatment of Diabetes Mellitus.* Do not use bromide of potassium; it is valueless. Quinine is of no use. Opium is of value, and is one of the best agents, but care should be taken in its use. Codeia, gr. $\frac{1}{4}$ – $\frac{1}{2}$ *ter die*, is much used in France. Trousseau's plan, with strychnia, is very useful. The salicylate of sodium, gr. x–xv *ter die*, in compound spts. of lavender and water, is Prof. Da Costa's favorite. Ergot is useful, but less so than the others. The alkaline plan, which is quite popular in Europe, is of value. Aloes or aloin should be used for constipation that may arise.

7. *Diabetes Insipidus. Medical Treatment:* (1) A course of iron, for its tonic effects. (2) Strychnia is very useful. (3) Ergot gives the best results; absolute cures follow its use; f 3ss–j of the fluid extract should be given *ter die*.

ABUSE OF THE MUSCLES OF BABY-EYES.—The two muscles—a set for each eye—act in perfect correlation, and enable the organ in an instant of time to cover an infinite range of vision. No fine adjustment of the telescope, no system of lenses and prisms can accomplish this feat in an instant of time.

The utmost caution is therefore impera-

tively demanded of every person to whom is consigned the care of the young child from infancy to perhaps the third year of life. It is during this time that damage to the muscular apparatus of the eye may be done. The mother or nurse is eager to have baby see every thing from the nursery window, or from a carriage or car. How many tired heads, languid eyes, and disordered tempers result from this mistake! How often is loss of accommodative power, or enlarged pupil, or cross-eye the consequence! Worms, "inward fits," sour stomach, flea-bites, and bad temper are some of the morbid and moral posers which the mother and the family doctor ponder over.

An indication of the delicate and undeveloped muscular apparatus of the eyeball within the first two months of life is found in the ease with which some infants look cross-eyed. It is well known that in sleep the eyes are turned upward under the brows and inward, and that a true crossed condition of the optical axes occurs during this state.

An occasional temporary crossing of the eyes of an infant above two months of age should be carefully investigated. The child should be handled lightly; it should not be played with too much; it ought to lie or roll on its back in preference to sitting on the lap or in a chair. Any unequal size of the pupils should be carefully noted; it may be either the sign of some internal trouble, or a simple local affection of the muscular tissue controlling the pupil.—*Dr. E. S. Peck, in Babyhood.*

PNEUMONIA AND OZONE.—Joseph A. Miller, C. E., communicates the following to the *Scientific American*:

In the issue of October 3d of your most valuable paper, which has been to me a constant friend and valued teacher for thirty-five years, I find an article headed "Pneumonia and Ozone."

In the interest of suffering humanity I wish to call the attention of scientific observers to some facts that have come under my observation.

A member of my family has been suffering for more than twenty-five years from neuralgia. During the year 1865 I first observed that the malady enabled her to detect the approach of storms. The attacks always commenced before a storm reached her place of residence, and ended as soon as it rained, or gradually diminished as the storm passed by.

For the last ten years I have carefully watched the effect of storms on the invalid, and, by the government reports of the paths and extent of the movements of storm centers over the country, I find that on the approach of a storm the suffering will commence, and cease as soon as the storm center is reached. When the edge of a storm center passes over the residence of the patient, she will suffer until the whole storm center has passed by.

In the year 1871, during the prevalence of the peculiar disease that so completely prostrated the horses in Boston, the "epizooty," as it was called, the invalid suffered continually. During that year I had peculiar opportunities of observing the large excess of ozone in the atmosphere. Since then I have repeatedly tested the condition of the atmosphere in front of the storm center and along its skirts, and always discovered an excess of ozone.

I have frequently called the attention of the medical profession to my observations, but found that all with whom I came in contact were satisfied with giving relief by the use of morphine, narceine, or chloral, rather than investigate the cause. All observers must know the fact that we are very sensibly affected by the chemical condition of the atmosphere. I hope, therefore, that you will call attention to the above facts, and request physicians in all parts of the world to which your valuable paper is carried, to make such observations in connection with pneumonia as will establish or disprove its connection with ozone. If in modern science we once find the cause, we can readily find the remedy.

DR. MATHEWS DUNCAN AND MR. JONATHAN HUTCHINSON ON LUPUS OF THE VULVA. The London correspondent of the *Medical Record* says that at a late meeting of the London Obstetrical Society Dr. Mathews Duncan brought forward what he persists in calling "lupus of the vulva." At a former meeting he had read a paper on the subject, and now gave the sequel. On that occasion he was reproved as gently as his brother obstetricians knew how for calling the disease he described by a name which was otherwise employed, and with which they alleged it had no connection. Dr. Duncan did not take the rebuff at all kindly—he is not the sort of man to tolerate opposition to, or even questioning of his opinions. He went on repeating his statements and teaching that "lupus of the

vulva" was a distinct disease. At the opening of the Society, then, this year, he was afforded the opportunity of re-stating his opinion, which he did in his usual dogmatic style. But his friends had prepared for him a surprise. They had no notion of settling the matter by assertion only. Many of them felt sure Dr. Duncan had mistaken syphilis for lupus, and secured the presence of that eminent and indefatigable syphilographer, Jonathan Hutchinson, who, with his natural courtesy and kindness of manner, began his remarks by commending the clinical description of the cases, and then proceeded calmly, apparently unconscious of the bitter dose he was administering, to state that the cases had no relation whatever to lupus, but were simply manifestations of syphilis. Then he pointed out, as naturally as if teaching his class, that one of the cases was termed by Dr. Duncan "syphilitic," and in every one of the others, points in the history might have suggested if they did not prove that there had been infection of the constitution with syphilis. The effect of Mr. Hutchinson's speech was remarkable; there was a chuckle of delight among the majority, who felt that this settled the matter, and that Dr. Duncan had been deservedly "sat upon."

Dr. Thin ventured a few words in support of Dr. Duncan on histological grounds, and Dr. West tried to offer him some support, but it was very feeble. All the other speakers disagreed, and when Dr. Duncan got up to reply he was at white heat. Lupus, he declared, was a convenient term; it was well understood; the disease had a large literature. He did not assert that it was quite identical with lupus vulgaris; but, as for syphilis, to accept such evidence as Mr. Hutchinson had mentioned, was unreasonable—the "most unreasonable thing he had ever heard of." Rather strong language this, but what remained to be said by a man who disdains to learn. Any one could see that the whole audience regarded Mr. Hutchinson's verdict as final, and the only interest that continued to attach to the meeting was curiosity as to how Dr. Duncan would comport himself under his mortification.

SHOCK AND NERVOUS INFLUENCE IN PARTURITION.—Dr. Henry P. Newman concludes an article in the Chicago Medical Journal on this subject as follows:

1. That we have a higher nervous organization presiding over the process of child-

birth and subjecting it to like influences and derangements which obtain in other physiological functions.

2. As civilization advances, the co-relation of mind and matter becomes more intimate and complex, and calls for a proportionate advance in psychological therapeutics, and the application thereof to cases of predominant mental and nervous influences.

3. In many cases of so-called tedious labors the irregular contractions of the first stage are the result of an exalted state of nervous irritability.

4. Active interference is indicated in many cases of protracted labor due to nervous influence, to guard against the dangers of exhaustion and shock.

5. Much is to be expected from judicious prophylaxis. Especially would I urge the necessity of direct professional supervision over the entire period of gestation from the earliest moments.

6. There will still remain to be combated social, moral and educational environments, which we can scarcely expect to see abolished until the laity, as well as the profession, is better informed as to the deleterious consequences of departure from the standard of physiological perfection in the mothers of our race, and the best means of approximating that equipoise of the mental and physical organization which it is primarily the design of nature to establish.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from November 1, 1885, to November 7, 1885:

Major Ely McClellan, Surgeon, leave of absence granted in orders, Cavalry Depot, Jefferson Barracks, Missouri, October 30th, is extended 7 days. (S. O. 254, A. G. O., November 4, 1885.) *Captain R. G. Ebert*, Assistant Surgeon, ordered from Camp Grant, Riverside Park, New York City, to Fort Hamilton, New York Harbor for duty. (S. O. 237, Dept. East, November 5, 1885.) *First Lieutenant G. E. Bushnell*, Assistant Surgeon, assigned to duty at Camp Grant, Riverside Park, New York City. (S. O. 237, Dept. East, November 5, 1885.)

MARINE MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended November 7, 1885:

Urquhart, F. M., Passed Assistant Surgeon; upon the closure of Cape Charles Quarantine Station, to proceed to Norfolk, Va., for duty. November 5, 1885. *Battle, K. P.*, Assistant Surgeon; resignation accepted, as tendered, by the Secretary of the Treasury, to take effect November 25, 1885. November 3, 1885.

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VAGINISMUS AND ITS TREATMENT
WITH COCAINE.

BY DR. J. SCHRANK.*

*Emeritus Clinical Assistant and Officiating Physician of
Police, Vienna.*

Simpson and Sims, who first directed physicians to vaginismus, gave a very vague definition of the disease. They considered it a painful contraction of the entrance of the vagina.

At the present time nearly all gynecologists hold as characteristic of vaginismus excessive sensibility of the introitus vaginae, combined with spasmodic contractions of the vagina, on the entrance into it of a larger or smaller body, or on touching it with a fine hair-pencil. This affection nearly always, as Bermann (*St. Petersburgher Med. Wochenschrift*, 1885) also pointed out, follows immediately upon defloration and prevents further cohabitation by the intolerable pain which accompanies the act. Vaginismus acquires therefore not only a therapeutic, but also an important medico-legal significance.

If it results that the affection works an effectual obstruction of the object of matrimony, then, on the one hand, it renders coitus impossible, and on the other necessitates thereby, in nearly all cases, sterility. It is, therefore, clear that this affection, in proportion as it occurs in the beginning of married life, can give occasion to conjugal unhappiness, which, if the evil is not promptly removed, might lead also to the separation of the newly married.

Gynecologists have attributed vaginismus to various causes, such as fissures of the hymen, anal fissures, lead poisoning, neuralgia of the clitoris, gonorrhea; trau-

matic injuries resulting from the first coitus, will, among others, be especially considered.

According to my view, which is confirmed by the observation of several cases in various stages, vaginismus results from ruptures of the hymen extending into the tissue of the vagina, and occurring at the time of defloration. When such injuries are present, they will be aggravated by every effort to introduce an object into the vagina, and the most severe and unendurable pain be produced at the entrance; in consequence of which will be elicited spasmodic phenomena in the vagina itself.

It is, therefore, as Gallard (in *Paris Annual de Gynecol.*, 1879) asserts, the pain is the primary, and the cramps the secondary affection. Often the fissure is easily discovered, as in the case described by Fritsch (*Arch. f. Gynecol.*, 1876, x.); if, however, it is very small and hidden in a fold, it is so much less likely to be seen, as on account of the great pain attending every touch, no proper examination of the parts involved can be made.

The occurrence of lacerations of the hymen extending into the vaginal tissue has a feature similar in its nature to the foregoing; the stronger and thicker the hymen is, the greater the force which must be exerted in deflowerment, and the more easily a laceration can occur which extends further than is necessary.

A narrow vagina contributes also a considerable share in the production of fissures. If coitus is tumultuously accomplished under such a condition, rupture of the hymen extending into the vagina will much more readily occur than when the latter is wide and relaxed. There had been, in all the cases with which I am conversant, a narrow vaginal aperture.

If we would draw a parallel between vaginismus and the painful disturbances in the rectum called forth by anal fissures, we

*Translated from the *Wiener Medizinische Wochenschrift* by D. T. Smith, M. D.

should be compelled to accept laceration as the cause of the former trouble.

The presence of fissures of the rectum is due also to traumatic injury, such as straining at stool, pederasty, etc., where there is narrowness of the rectum. There also the characteristic symptoms are a persistent pain at one point of the buttocks, spasmodic contractions of the sphincter muscles of the anus from the accumulation of stiff fecal masses, or by the deposit of contents of the bowels not quite fluid.

There may result, therefore, a continual invasion of pain in case of rectal fissures beginning gradually and rising to a great height, which is not the case with fissures at the aperture of the vagina, since there is no cause in operation there similar to the accumulation of the feces.

In the rectum also occur inflammatory accidents when injuries accumulate; for instance, when careful provision has not been made for the securing of fluid stools. If this is lost sight of, there soon results intense redness, swelling, and a painful condition of the buttocks, combined with an abnormal secretion of the rectal mucous membrane. The treatment of rectal fissure also bears a close resemblance to that of vaginismus. In both applications of fused nitrate of silver, either in substance or in solution, are accompanied by signal results. Incisions likewise, which are resorted to in fissures of the rectum, have a like favorable influence as Sims' method of operation in vaginismus.

From repetition of these causative influences, the great exacerbations of this affection are manifested after efforts at copulation, or especially such as follow menstruation. Fissures heal with as much difficulty as fistulous ulcers. The former if left alone readily skin over, but by the next tug we have the lacerations as before. So long as the cicatricial tissue repairing the laceration has not become resistant, the old lesion will return upon every effort at copulation. Also the menstrual discharge, and the accompanying more active secretion from the vaginal mucous membrane, has a destructive effect upon the newly formed skin.

The variety of causes to which, as already mentioned, different gynecologists have ascribed vaginismus has arisen from failure to discriminate between this affection and the spasmodic conditions of the vagina. Thus Neftel reports a case in which vaginismus occurred in consequence of lead-poisoning, and where only a spasmodic closure of the

vagina took place; there was wanting the excessive sensibility at the aperture of the vagina. This condition, then, may be conceived to be a spasm of the vagina.

I might here point out that in case of a narrow vagina, and a mutual disproportion of the genital organs, it sometimes happens that spasmodic contractions take place in the vagina which cause some pain, but only in the back part of the vagina, and hinder for a few seconds the insertion of the member, but never render coitus impossible of accomplishment on account of intolerable pain.

Some gynecologists are of the opinion that anal fissures produce vaginismus, since the sphincter ani and the constrictor vaginae stand in an intimate anatomical relation with each other, so when cramps occur in the sphincter, in a reflex way contractions in the vagina may result. According to Bermann (*St. Petersburg Med. W.*, 1878) the cause of vaginismus may lie in a nervous, irritable or easily excited organism, but which may operate only after the first intercourse.

When the latter is the case, the prime cause can be in nothing else than the injury received in the first copulation.

According to Martin, vaginismus may also be observed after gonorrheal affections. It is probable that in such a case the injury had taken place before the gonorrhea, and that through the inflammatory influences and the contagious secretion it had become aggravated and brought out more sharply.

According to Scanzoni (*Lerb. d. Krankh. d. weibl. sexual organe*, 1867) vaginismus results always from the irritations of the aperture of the vagina caused by efforts at the consummation of the marital act. Through repeated efforts at copulation painful hyperemias and inflammatory swellings are produced at the introitus vaginae, which increase in consequence of the continuance of the violence.

If one would only accept the view of Scanzoni, that ruptures of the hymen extending into the vaginal walls were fancies, then would it be inexplicable that prostitutes, in the beginning of their trade, sometimes receive daily more than thirty times the irritation of coitus without vaginismus resulting.

Sexual excesses in women, as long as the vagina is not sufficiently enlarged and its mucous membrane has not become toughened, may have traumatic results in the form of intense redness, swelling, and pain-

fulness of the vaginal aperture; but they never reach that degree where copulation becomes impossible on account of them.

I have met with cases where inflammatory appearances at the introitus vaginæ had been artificially produced by washing with very hot water, or solutions of caustic substances not sufficiently diluted, but never was a degree of irritability produced similar to that of vaginismus.

Sims (*Gebärmutter chirurgie*, 1870) understands by the term vaginismus, as already indicated at the beginning, a painful contraction of the aperture of the vagina. If the history of the disease as given by Sims taught nothing else, there would be no difference between his definition of this disease and spasm of the vagina. Sims has also very little to say in regard to the cause of the disease thus named by him.

LOUISVILLE, KY.

[TO BE CONTINUED.]

Miscellany.

AMERICAN PUBLIC HEALTH ASSOCIATION. The thirteenth annual meeting of the American Public Health Association will convene at Washington, D. C., Tuesday, December 8th, at 10 o'clock A. M., and continue four days. The meeting will be held in Willard's Hotel Hall, on Pennsylvania Avenue. The Executive Committee have selected the following topics for consideration:

I. The best form in which the Results of Registration of Diseases and Deaths can be given to the public, in Weekly, Monthly, and Annual Reports.

II. The Proper Organization of Health Boards and Local Sanitary Service.

III. Recent Sanitary Experiences in Connection with the Exclusion and Suppression of Epidemic Disease.

Also, the Lomb Prize Essays, elsewhere mentioned.

The Secretary has received notice that the following papers will be presented:

Forms of Tables for Vital Statistics, by Dr. J. S. Billings, LL.D., U. S. A., Washington, D. C.

Sanitary and Statistical Nomenclature, by Dr. E. M. Hunt, Secretary State Board of Health, Trenton, N. J.

Statistics of Consumption in Rhode Island for a Quarter of a Century. By Dr. Charles H. Fisher, Secretary State Board of Health, Providence, R. I.

The German system of Physical Training. By Dr. E. M. Hartwell, Johns Hopkins University, Baltimore, Md.

School Hygiene, Public and Private. By Dr. William Oscar Thrailkill, San Francisco, Cal.

Sanitary Protection of New Orleans, Municipal and Maritime. By Dr. Joseph Holt, President State Board of Health New Orleans, La.

Maritime Sanitation. By Dr. S. T. Armstrong, U. S. M. H. S., Memphis, Tenn.

Smallpox in Canada, and the Methods of Dealing with it in the Different Provinces. By Dr. P. H. Bryce, Secretary Provincial Board of Health, Toronto, Ont.

The Debit and Credit Account of the Plymouth Epidemic. By Dr. Benj. Lee, Secretary State Board of Health, Philadelphia, Pa.

An Epidemic of Typhoid Fever. By Dr. C. A. Lindsley, Secretary State Board of Health, New Haven, Conn.

Experiences in Disinfecting Sewers. By Dr. O. W. Wight, Health Officer, Detroit, Mich.

Progress of Health Work in Kentucky. By Dr. J. N. McCormick, Secretary State Board of Health, Bowling Green, Ky.

Observation on the Cape Fear River-water as a Source of Water-supply; a Study into the Character of Southern River-water. By Dr. Thomas F. Wood, Secretary State Board of Health, Wilmington, N. C.

The Virus of Hog Cholera. By Dr. D. E. Salmon, D. V. S., Washington, D. C.

Hygiene of the Dwelling. By George N. Bell, C. E., Newport, R. I.

The Proper Disposal of the Dead. By Dr. John Morris, Philadelphia, Pa.

The Relation between Micro-Organisms and Cells. By Dr. A. C. Bernays, St. Louis, Mo.

The Layman in Sanitation. By Dr. W. H. Watkins, New Orleans, La.

Who is Responsible for the Iniquities of the Third and Fourth Generations, and How shall they be Avoided? By Dr. R. Harvey Reed, Secretary State Sanitary Association, Mansfield, Ohio.

Carelessness the Cause of Disease. By Dr. W. John Harris, St. Louis, Mo.

The Committee on Disinfectants will present a voluminous report (printed), embodying their investigations and conclusions on the subject of disinfection and disinfectants.

The Lomb Prize Essays: Mr. Henry Lomb, of Rochester, N. Y., has offered, as stated in the preliminary circular, through

the American Public Health Association, the sum of two thousand eight hundred dollars, to be awarded as first and second prizes for papers on the following subjects, and according to conditions advertised early in the year:

I. Healthy Homes and Foods for the Working Classes. First prize, \$500; second prize, \$200.

II. The Sanitary Conditions and Necessities of School-houses and School-life. First prize, \$500; second prize, \$200.

III. Disinfection and Individual Prophylaxis against Infectious Diseases. First prize, \$500; second prize, \$200.

IV. The Preventable Causes of Disease, Injury, and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding them. First prize, \$500; second prize, \$200.

In competition for these prizes, fifty-nine essays have been presented. (The time for presentation expired October 15th.) The winning essays will be presented to the Association on Thursday, December 10th.

Full reports are expected from all the committees.

The headquarters of the Officers and Committees will be at Willard's Hotel.

The first meeting of the Executive Committee will be held Monday, December 7th, at 2:30 P.M.

The subjects for each day's consideration will be stated the previous day, and an official programme will appear each morning. Ample time for discussion will be allowed under the rules of the Association, and all discussions will be stenographically reported. The morning sessions will be adjourned at 2:30 P.M., daily, to permit the meeting of the Executive Committee, Advisory Council, and other Committees.

Applications for certificates to enable members and those intending to become members, and their families, to obtain the reduced rates offered by the various railroad lines to Washington, should be made without delay, to the Committee of Arrangements, J. C. McGinn, Secretary, Washington, D. C.

The Committee of Arrangements will issue a circular, giving full information regarding reduced railroad fare, hotel rates, etc., in ample season before the meeting.

Reports received from various quarters indicate that the forthcoming meeting will be largely attended, and one of national interest and importance.

All reports and papers must be in the hands of the Secretary by December 5th, in order to receive the approval of the committee.

After December 3d, all communications to the Secretary should be sent to Willard's Hotel, Washington, D. C.

The Secretary would like, at the earliest moment, the names of all members of the Association who have died since the last annual meeting, in order that proper mention may be made.

Clergymen, engineers, architects, builders and all interested in the practical work of the Association, are cordially invited to be present.

Ladies are especially invited to attend the evening meetings of the Association.

IRVING A. WATSON, *Secretary*.

CONCORD, N. H., November 9, 1885.

NATIONAL CONFERENCE OF STATE BOARDS OF HEALTH.—In accordance with a resolution adopted at its organization, the National Conference of State Boards of Health will hold its regular annual meeting at the Willard Hotel, Washington, D. C., December 8, 1885. For the convenience of the many sanitarians who may desire to attend both, the annual meetings of the Conference are held at the same time and place as those of the American Public Health Association, but its sessions are so arranged as not to conflict with the work of the latter organization. With this idea in view, and at the suggestion of the president, the preliminary session of the Conference will be called to order at 9 A.M., December 8th.

All former meetings of the Conference have been of great practical interest, and, it is believed, have exerted a most salutary influence on the sanitary affairs of this country, and it is not expected that this one will be less so, because of the many practical questions connected with State and inter-state health work which will be presented for discussion, especially with reference to the exclusion and restriction of smallpox and cholera.

Members proposing to present papers to this meeting are requested to send early notice to J. N. McCormack, M.D., Secretary, Bowling Green, Ky.

CHOROIDITIS FOLLOWING TYPHOID FEVER, CURED BY HYPODERMIC INJECTIONS OF PILOCARPINE.—Dr. F. C. Hotz reports, in the American Journal of Ophthalmology, a case of choroiditis following typhoid fever.

When he first saw the case the vision was reduced to counting fingers at twelve feet. He was placed on potassium iodide, gr. v, three times a day. The vision gradually diminished until he was only able to distinguish fingers at one foot. He was then placed on hypodermic injections of pilocarpine, one sixth grain; after five injections the vision had much increased. Treatment was then stopped for a while, when vision began to grow worse; pilocarpine was again commenced, with a most happy result, vision eventually becoming perfect.

THE family doctor only knows how widespread melancholia is in our country. The many household cares develop this disease in nervous women, who show its first symptoms in fretfulness and worry. I have sought for a remedy for years for this malady, and have at last found it in the triple valerianates, which work like a charm:

Zinci valerianat., 20 grs.;
 Quiniæ valerian., 20 "
 Ferri valerian., 20 "

M. ft. pil. No. 20. Sig: One three times a day.

The drugs must be absolutely pure. The old reliable house of W. H. Schieffelin & Co., of New York, have added the above pills (soluble) to their list. I have tried them in many cases, and I find them a specific for the worry of nervous women, melancholia, and incipient insanity.—*S. A. De Foe, M. D., Washington, N. J., in the St. Louis Medical Brief.*

FIFTY CASES OF OVARIOTOMY.—Skene Keith, M.B., reports, in the British Medical Journal, a series of fifty ovariectomies, comprising all cases operated on by him up to this time. In speaking of the mode of operating he says:

As a general rule the cautery was used for the pedicles. This is the only perfect method; for, by using it, all risk of after-bleeding is avoided; and the contrary is the experience of almost all who have used ligatures extensively. It is difficult to say why no one will use it. A little time is perhaps lost when narrow, thin pedicles are dealt with; but this is not the case when the attachment of the tumor consists of the whole uncontracted breadth of the broad ligament.

That my deaths have been few I attribute mainly to the fact that I have had the assistance and advice of Dr. Keith in the cases; also to the experience I gained by assisting him for the last nine years, and to what I

saw in America, and while I was assistant surgeon to the Samaritan Hospital, London. The mortality—two deaths out of fifty operations, or four per cent—demonstrates that an almost special education is required for abdominal surgery. This is more clearly brought out when I add to my cases those reported in the British Medical Journal of August 9, 1884, by Mr. Meredith, of the Samaritan Hospital. We then have one hundred cases of ovariectomy, performed by two surgeons whose experience was probably greater than that of any one who has opened the abdomen for the first time. The mortality is six in the one hundred. It is not likely that any general surgeon or obstetrician will obtain such an amount of success who has to gain his experience on his own patients.

A NEW OPERATION FOR RUPTURED PERINEUM.—At a recent meeting of the British Gynecological Society (British Medical Journal) Dr. Jamieson, of Shanghai, read a paper on a case in which he performed a new operation. The lesion in the case described had existed for seventeen years, involving the lowest portion of the anterior wall of the rectum. The borders of the laceration had long since been completely absorbed, leaving no salient edges to be denuded and approximated. The patient was rendered unfit for society by total lack of control over the escape of flatus. There was partial incontinence of urine and feces. Rectocele existed to a slight extent, and during a recent labor danger had arisen from a temporary cystocele. The operation proved completely successful in removing all the inconveniences enumerated, abstraction being made of what might possibly present itself should pregnancy again occur. It consisted in lifting the altered vaginal mucous membrane, along with the skin of the upper and inner surface of the thigh corresponding to the sides of the vulvar opening, from the subjacent tissues, forming with them a new posterior vaginal wall, and raising cutaneous flaps from the ischio-rectal region, which were folded outward on themselves, and their denuded surfaces subcutaneously united in the middle line.

At the recent meeting of the American Academy of Medicine, in New York City, the following officers were elected for the ensuing year: President, Dr. R. Stansbury Sutton, Pittsburgh, Pa.; Vice-Presidents, Drs. Lewis P. Bush, Del., S. J. Jones, Ill.,

R. L. Sibbet, Pa., and F. H. Gerrish, Me.; Secretary and Treasurer, Dr. R. J. Dunglison, Philadelphia, Pa.; Assistant Secretary, Dr. Charles McIntire, jr., Easton, Pa.

Pittsburgh was selected as the next place of meeting; time, the third Tuesday in September, 1886.

WHAT IS FEVER?—Dr. W. M. Ord in the Presidential address, delivered before the Medical Society of London (Medical Press and Circular), suggests the following as the cause of the development of the pyrexial state: "Heat normally used in the functional labor of the body is suddenly wasted without return, is dissipated on the surrounding atmosphere, for the reason that the normal processes in effecting which it should be expended, are no longer performed."

At the third annual meeting of the American Rhinological Association, held at Lexington, Ky., the following officers for the ensuing year were elected: President, Dr. A. De Velbiss, Toledo, O.; First Vice-President, Dr. J. A. Stucky, Lexington, Ky.; Second Vice-President, Dr. Carl H. von Klein, Dayton, O.; Recording Secretary and Treasurer, Dr. P. W. Logan, Knoxville, Tenn.; Librarian, Dr. N. R. Gordon, Springfield, Ill.

DIETARY IN DIABETES (A MISTAKE CORRECTED).—In our issue of November 7th, page 303, the "diet" table in diabetes mellitus, by mistake was credited to Dr. A. R. Davidson, of Buffalo, N. Y. This table, which lays before the diabetic the most generous and tempting bill of fare ever devised, is due to the industry and skill of Dr. Austin Flint, jr., and, coming from the hand of so eminent a physiologist, it may be prescribed without question by any physician who is called to treat the disease.

INTUBATION OF THE LARYNX.—Dr. F. E. Waxham, in a paper read before the Chicago Medical Society (Chicago Medical Journal), reports five cases of diphtheritic croup treated by intubation of the larynx, after the method introduced by Dr. O'Dwyer, of New York. He says, I predict that at no distant day tracheotomy will, in a great measure, be superseded by this simple, safe, and bloodless operation.

ANTIPYRINE INCOMPATIBLE WITH SWEET SPIRITS OF NITER.—In the New York Med-

ical Journal, of October 24th, Dr. Eccles claims that antipyrine is incompatible with sweet spirits of niter, the solution in a short time becoming green.

AN English veterinary surgeon has succeeded in adapting a wooden leg to a cow. The animal broke its leg, and there being no chance of union, the leg was amputated and a wooden one substituted with success.

DR. THAD M. STEVENS, a prominent physician, of Indianapolis, died of congestion of the brain in that city November 7th. He was at one time Secretary of the Indiana State Board of Health, and to him much of its efficiency is due.

BEFORE the Cincinnati Academy of Medicine, November 23d, Dr. J. C. McMechan will report a case of stretching the sciatic nerve for sciatica, followed by recovery. Dr. J. L. Cleveland will read a paper on Acute Gastritis.

MENTHOL has been extensively used in New York City as a remedy for hay-fever, and with some success.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from November 8, 1885, to November 14, 1885:

Colonel E. I. Baily, Surgeon, relieved from duty as attending Surgeon, San Francisco Cal., and ordered for duty as Medical Director, Division of the Pacific, and Department of California. *Lieutenant-Colonel Basil Norris*, Surgeon, ordered for duty as Medical Director, Department of the Columbia. *Major J. C. McKee*, Surgeon, ordered for duty as attending Surgeon and Examiner of Recruits, Boston, Mass. *Lieutenant-Colonel E. P. Vollum*, Surgeon, ordered for duty as Medical Director, Department of Texas. *Lieutenant-Colonel J. R. Smith*, Surgeon, ordered for duty as attending Surgeon, New York City, N. Y. *Lieutenant-Colonel R. H. Alexander*, Surgeon, ordered for duty as Medical Director, Department Arizona. (S. O. 260, A. G. O., November 11, 1885.) *Captain John J. Kane*, Assistant Surgeon, ordered for duty as Post Surgeon, Fort Ringgold, Tex. (S. O. 141, Department Texas, November 4, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended November 14, 1885:

Wheeler. W. A., Passed Assistant Surgeon, to proceed to Ontario, Canada, on special duty, November 11, 1885. *Urquhart, F. M.*, Passed Assistant Surgeon, to proceed to Baltimore, Md., with Steamer "Manhattan," and then rejoin station, November 12, 1885.

The Louisville Medical News.

Vol. XX. SATURDAY, NOVEMBER 21, 1885. No. 21

H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

COLLABORATORS:

E. R. PALMER, M. D. J. A. OCTERLONY, A. M., M. D.
WM. BAILEY, A. M., M. D.

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Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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ANTISEPTIC TREATMENT OF PULMONARY DISEASE BY MEANS OF PNEUMATIC DIFFERENTIATION.

On the 17th of January of the current year Dr. Herbert F. Williams, of Brooklyn, contributed to the Medical Record a report of sixty-two cases of diseases of the lungs, treated by what the author styles "pneumatic differentiation," with a total of thirty-four recoveries. What most concerns us is that twenty-eight of these cases were different forms of phthisis, of which four recovered, nine improved, five remained unaffected, and ten died. These results, though leaving much to be desired in the way of success, would seem to be encouraging beyond those obtained by ordinary treatment.

Pneumatic differentiation is thus described by Dr. Williams. It consists in immersing a patient in a partial vacuum, thereby removing to a sufficient degree the external pressure of the atmosphere, and at the same time supplying the lungs with air at its normal pressure, and to a greater or less extent impregnated with the substance which it is desired to administer.

The utilization of the vacuum is effected

by means of a "cabinet," which is practically an air-tight iron safe, about seven feet high, two feet wide, and two and a half feet deep, large enough in short for a patient to stand or sit in. In the rear is a heavy door fitted with bolts, but ingeniously opened and closed by a single turn of the hand. In front is a large plate-glass window, through which passes a gutta percha tube having a stop-cock on the outside and a trumpet-shaped end for receiving the medicated spray. The patient enters the cabinet and seats himself opposite the window. The door is closed and the air is rarified by means of an air-pump to the desired degree, as represented by the fall of the mercury in a barometer connected with the inside of the cabinet. The result of this arrangement is that forced involuntary inspirations are effected, and according to the view of Dr. Williams, a deeper and more effective application of the antiseptic spray.

This spray consists of mercuric ammonium chloride, one per cent, bichloride of mercury, one part in the thousand, and iodide of mercury (strength not given). One of Dr. Williams' former assistants, Dr. A. S. Houghton, is reported by him as getting fine results from a spray of the hypophosphites.

In the discussion of a paper read by Dr. Williams on the subject before the American Climatological Association, May 27, 1885, the views and results of this observer were favorably regarded, Dr. Loomis saying that Dr. Bowditch, of Boston, in a letter to him, had stated that this treatment would mark a new era in the management of pulmonary affections. Dr. W. Everett Smith, of Harvard, has written a flattering review of the system for the Journal of the American Medical Association (November 14, 1885). Dr. Bowditch also contributed an article to the Record (July 14, 1885) commending the system in a very considerate way to fair investigation.

The results of Dr. Williams are not such as to create the presumption of unreliability, nor would such presumption at all befit the

standing of the man; and yet, fairly examined in the light of history and reason, we see little to save the system from the fate of so many others of erstwhile bright promise that have gone before it. In the first place the only new thing about it is the combination of the vacuum treatment with the spray.

Dr. Williams gives the credit of the invention of the cabinet to Mr. Joseph Ketchum, of New York City. Dr. Bowditch speaks of a similar contrivance, called "the Hadfield body-receiver, for the New Haven Vacuum Cure," used in 1869. We have seen an instrument known as "Hadfield's equalizer" (if we remember rightly), which was invented and patented more than twenty years ago. The principle is identical with the one used by Dr. Williams. In Hadfield's the patient kept his head out of the cabinet with his neck surrounded by a valve-like contrivance of rubber; in the device under notice his head goes into the cabinet and he breathes through a rubber tube. The patented instrument was provided with apparatus also for subjecting any of the limbs or any part of the body to the influence of the vacuum.

The rights of territory for Hadfield's equalizer for Texas, Arkansas, and half of Louisiana were sold for ten thousand dollars, according to a deed now on record in Sherman, Texas, having figured extensively in the land frauds unearthed in that State a few years ago. Chronic pulmonary diseases were the class of cases to be cured by it. Unfortunately for the purchaser, it was not able to compete with the Texas climate, and the venture failed.

The antiseptic spray has a history still older; it has been no more successful, nor is it easy to see how it could be otherwise. Admit that the bacillus tuberculosis is the cause of consumption, and allow that bichloride of mercury is the proper antidote in the strength of one part in a thousand; admit again, that the spray reaches the alveoli of the lungs, and with all that we are far from the accomplishment of our object. No

more than a film of the solution could reach the alveoli, say the thousandth of an inch in thickness. If now a tubercle were no more than the fourth part of an inch in diameter, by the time this film of the solution had pervaded half its diameter it would be diluted to the strength of one part in 125,000. The destruction of the bacilli under the circumstances would seem therefore to be clearly restricted to the domain of dreams.

Bibliography.

The Management of Labor and of the Lying-in Period: a Guide for the Young Practitioner. By H. G. LANDIS, A.M., M.D., Professor of Obstetrics and Diseases of Women in Starling Medical College, Fellow of the American Academy of Medicine, Member of the American Medical Association; Author of "How to Use the Forceps," "A Compend of Obstetrics." 12mo, pp. 300. Cloth, \$1.75. Philadelphia: Lea Brothers & Co.

The aim of this book, the author tells us, is to serve as a guide to practice, divested of all superfluous or irrelevant details. It is fairly well written, and produced in the usually attractive style of the house from which it emanates. A physician, however, who had studied no more than this book teaches, would lack much of being qualified to practice obstetrics; and, as in any one of the many standard works already given us by masters in that department, to which he would have to resort to complete his knowledge, he would find the subject of the management of labor fully as well treated as in this, it is a question whether the entire book is not superfluous.

D. T. S.

Report of Proceedings of the Illinois State Board of Health, Quarterly Meeting, Springfield, October 29 and 30, 1885.

The Medical and Surgical Herald. J. C. Pe Tit, M. D., Editor and Publisher, Joplin, Missouri. Vol. II, No. 2. Monthly. Price, \$1.00 per year.

Synopsis of Proceedings of the Third Annual Meeting of the American Rhinological Association, held at Lexington, Ky., October 6, 7, and 8, 1885. Reprinted from "The Morning Transcript."

A reply to a letter entitled "Dr. Joseph Holt, and Steam as a Disinfectant." Reprinted from New Orleans Medical and Surgical Journal.

Commercial Relations with Brazil as affected by Quarantine Regulations. Extract from New Orleans Press. By Joseph Holt, M. D., President of the Board of Health of Louisiana.

Practical Surgery: including Surgical Dressings, Bandaging, Fractures, Dislocations, Ligature of Arteries, Amputations, and Excisions of Bones and Joints. By J. Ewing Mears, M. D., Lecturer on Practical Surgery, and Demonstrator of Surgery in Jefferson Medical College; Professor of Anatomy and Clinical Surgery in the Pennsylvania College of Dental Surgery; Surgeon to St. Mary's Hospital, etc. With four hundred and ninety illustrations. 12mo, pp. 794. Cloth, \$3.75; sheep, \$4.75. Philadelphia: P. Blakiston, Son & Co. 1885. For sale by John P. Morton & Co.

The December number of the Southern Bivouac will have a description by General C. C. Gilbert, U. S. A., of the opening of the Battle of Perryville, accompanied by a colored map showing accurately the position of the various divisions of the armies. The same number of the magazine will contain a paper by Col. W. H. Swallow, C. S. A., on the Battle of Gettysburg, which is also accompanied by an accurate map. Hugh N. Starnes, of Georgia, will have, in the December number of the Southern Bivouac, an interesting illustrated article on the Invention of the Cotton-Gin.

Condensed Monthly Statement of Mortality in the City of Nashville, Tenn., for the months of September and October, 1885, accompanied by the daily Meteorological Observations furnished for the same period from the office of the Signal Service, U.S.A. Published by order of the Board of Health. Charles Mitchell, M.D., Health Officer and Registrar.

Condensed Statement of Mortality in the City of Nashville, Tenn., for the Municipal year, ending September 30, 1885, accompanied by Meteorological Observations furnished for the same period from the office of the Signal Service, U. S. A. Published by order of the Board of Health. Charles Mitchell, M. D., Health Officer and Registrar. Hasslock & Ambrose, Printers.

The population of Nashville is estimated at 60,000, divided as follows: White, males,

19,486; females, 18,914; adults, 21,424; minors, 16,976; total, 38,400. Colored, males, 9,951; females, 11,649; adults, 12,438; minors, 9,162; total, 21,600.

The mortality for the year was: White, 565; colored, 586; total, 1,151. The rate for the white population for said year was 14.69 per thousand per annum; for the colored, 27.07; and for the whole, 19.10.

Deaths under five years of age: White, 168; colored, 233; total, 401.

For the year returns of births received were as follows: White, males, 263; females, 246; total, 509. Colored males, 186; females, 179; total, 365. Total live births registered, 874; still births, white, 31; colored, 32; total, 63. Premature births, white, 18; colored, 19; total, 37.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

At the Mt. Sinai Hospital, last week, Professor Gerster excised the knee-joint by a new method, he made a transverse incision above the patella, instead of below, as is usual in this operation, and after sawing off the condyles of the femur and the end of the tibia, brought the bones in apposition, and held them in place by driving four nails, about three inches long, obliquely through the skin and bones, two through the tibia and the others through the femur, so as to cross each other in traversing the ends of the bone; he then applied short side-splints. These splints were made of glass, molded to accurately fit the parts. Bichloride of mercury, 1 to 2000, was used as the antiseptic during the operation.

The physician who regularly attends the medical society meetings here, has his evenings pretty well occupied, as there are eight societies that meet twice a month, free to all members of the profession, besides twelve that meet at the residences of the members. Probably the meetings at the Academy of Medicine have a larger attendance than any other. At the last meeting two papers were read, one by Dr. St. John Roosa in eulogy of his friend, the late James L. Little, M. D. In his sketch of Dr. Little's life, he mentioned the fact that when the Doctor entered the New York Hospital in 1860, the clinical thermometer was not in use, and the laryngoscope and ophthalmoscope were not here employed.

Among the other surgical achievements of Dr. Little, he was the first American surgeon to puncture the bladder to relieve retention of urine; had operated for stone seventy-seven times, with a fatal result in only two cases; had simultaneously ligated the subclavian and carotid arteries on the right side for aneurism of the first part of the subclavian.

The other paper was by Dr. Paul F. Mundé, entitled "Electricity, as a Therapeutic Agent in Gynecology."

The Academy has a library of three thousand volumes, free to the profession and public, and about one hundred and seventy of the leading medical journals of the world are to be found on the shelves.

Since I have been here, I have seen several cases of eruption of the skin produced by the internal use of the iodide of potassium. In one case the eruption simulated a syphiloderm so closely it was difficult to make a differential diagnosis. Flat papules of a brownish color, and a few pustules existed on the face and shoulders—purpuric spots on the thighs and legs. As there was no history of syphilis, the administration of mercury and potass. iodide was deferred, and the eruption soon disappeared. The patient had been taking fifteen grains of the iodide three times a day.

Another case was that of a man who had been taking sixty grains of the drug every day for four or five weeks. There were a number of large bullæ on the hands, and prominent, raised tubercles of a bright red color, very similar in appearance to the tubercles of leprosy, existed on the face; the loose tissue of the face was edematous and swollen. Patient had been delirious for several days. It was not absolutely decided that the trouble was caused from the use of the iodide, but the eruption could be accounted for in no other way.

In the third case the patient would be affected with coryza, swelling of the eyelids, headache, and acne-like pustules on the face after the administration of even a fraction of a grain of the drug.

As a rule most of the syphilographers here withhold the use of mercury until the appearance of the general manifestations of syphilis. They are of the opinion its use will not prevent the appearance of secondary symptoms—at the best, it will only delay their development; many cases they say do even better, when treatment is deferred till the secondary stage.

At the last meeting of the Surgical Section

of the Academy of Medicine the question for discussion was, "Is wiring the fragments attended by such success as to make this method the rule in the treatment of simple fracture of the patella?"

Dr. Wyeth, opened the discussion by presenting the following questions for consideration: Can simple fracture of the patella be treated by a method which will secure a perfectly useful limb without danger to the patient's life? If so, what is this method? Is a ligamentous union of one inch or less, properly obtained and protected for eighteen months, as strong as bone?

Does a ligamentous union of two or three inches necessarily imply loss of function?

Does wiring secure a better limb? Is wiring safe?

If it were safe, would it be preferable to the posterior splint method?

He stated he now invariably used a posterior splint for six months, as recommended by Hamilton, employing slight passive motion at the end of six weeks, and a flexion-check for one year longer. He considered the new ligamentous union even stronger than the old bone, and cited cases in which there had been a refracture of the patella, separation of the bone occurring through the upper fragment, the old fibrous union remaining intact.

As to a ligamentous union of two or three inches causing a loss of function, he mentioned another case where there was at least this amount of separation between the fragments, and yet the patient could run up and down stairs three steps at a time, and could use one leg in every way as well as the other. Wiring he did not consider safe except in compound fracture, would even avoid it then when possible; believed there had been several deaths in this city within the last year from this operation; one occurred in the practice of Dr. Bull, and in a case of his own the leg had to be amputated. The only objections to Hamilton's method were, it necessitated patient's remaining in bed for six weeks, and incapacitated him for work for about three months longer.

Dr. Weir did not consider wiring a safe operation for simple fracture. Preferred a plaster-of-paris splint to any other method.

Dr. Roberts, of the same opinion, spoke of a case in which a refracture of the patella occurred, but the old fibrous union remained intact. He could not say his patients had equally as good limbs after the accident

as before, a slight halt in their steps was noticeable.

The chairman of the Section, Dr. Stephen Smith, regarded wiring a perfectly safe operation, even for simple fracture. He had operated seven times with the most favorable results; it had been performed at Bellevue and St. Vincent hospitals forty or more times with good results in all cases. He began passive motion at a much earlier period than that recommended by Dr. Wyeth. He regarded the question of such importance that he proposed a committee of three be appointed to report on the subject at some future meeting. J. CLARK MCGUIRE.

NEW YORK, November 14, 1885.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The last meeting of the Academy of Medicine was crowded to the full to listen to a very interesting communication by M. Pasteur on that most important subject with which he has been occupied so long, viz., the cure and prophylaxy of hydrophobia. For the last three years M. Pasteur had been engaged in researches in that direction, and after having experimented upon animals (dogs and rabbits) with success by inoculating them with rabic virus, he considered himself justified in applying the remedy to the human subject. Starting from the principle that the rabic virus is localized principally in the nervous centers, he inoculated dogs from fragments of the spinal marrow of dogs affected with hydrophobia, but as such inoculations occupied three or four months before any result could be known, he sought and discovered another procedure, which is at the same time more expeditious and more certain. He trephined the skull of a rabbit, he then inoculated under the dura mater a fragment from the spinal marrow of a rabid animal, the stage of incubation having lasted fifteen days. He then took a portion of the spinal marrow of the dead rabbit, and with it inoculated a second rabbit which he had previously trephined as in the first instance. He repeated the operation in a series of from twenty to sixty rabbits, and he then observed that the duration of the stage of incubation became progressively less until it reached only seven days, and this was established with such precision that one can say beforehand the very hour the accidents may begin in the subjects experimented on.

M. Pasteur observed that since November, 1882, his experiments gave him a long and uninterrupted series of rabid rabbits, and the inoculations performed from the later series produced a stage of incubation which did not last more than seven days. The rabic virus was obtained, as stated above, from the spinal marrow of inoculated rabbits, the virus from which is always perfectly pure and identical in constitution. The spinal marrow of inoculated rabbits is virulent throughout its length. Portions of this are preserved in vials, the air of which is dried with potash, which is placed at the bottom of the vials. M. Pasteur remarked that after a time the virulence disappeared altogether, and that this disappearance was hastened by low temperatures, so that the older the virus the less virulent it is, and the most recent is very energetic. In practicing inoculations in a dog, by commencing with the oldest spinal marrow and finishing with that of two days old, one succeeds in rendering a subject absolutely insusceptible to rabies. It is thus that M. Pasteur proceeded with a young Alsatian, who was bitten by a dog known to be mad. The operation was commenced sixty hours after the accident. M. Pasteur first took the spinal marrow of an inoculated subject which was sixteen days old, and with it he practiced thirteen inoculations in ten days, terminating with that of a day old. Joseph Meister, the subject inoculated in July last, and who was then nine years of age, never felt any indisposition, and is still in good health, although it is now more than a hundred days since the last inoculation was performed on him, and he had been bitten in fourteen places. M. Pasteur has at present under treatment by the same method a young shepherd, who was also severely bitten by a mad dog, and of course the result is not yet known. In descending from the tribune, M. Pasteur was received with great applause as he was also on the previous day at the Academy of Sciences for his discovery, which is second to none that has as yet been noted in the annals of medicine, if it really turns out to be a genuine cure for this most terrible of all diseases. Notwithstanding the great enthusiasm caused by this discovery I can not help thinking that M. Pasteur's inferences are somewhat premature, but time and further observation will alone decide as to its actual merits.

At a recent meeting of the Academy of Medicine, a debate on leprosy was introduced by Dr. Vidal, the well-known spe-

cialist for skin diseases and physician to the Saint Louis Hospital. The speakers were divided into contagionists and non-contagionists, Dr. Vidal standing alone as contagionist; he at the same time believes in the transmission of the disease by inoculation and by heredity. The debate was provoked by a report which was read at the Academy by Dr. Constantin Paul for M. Zambaco, of Constantinople, who had ample opportunity for observing the malady in a great number of cases. M. Zambaco denies the contagiousness of leprosy, founding his hypothesis on the fact that one half of the lepers that live in the lazar houses in Turkey have free intercourse with the inhabitants. At Constantinople they are not confined; they live wherever they please, but are obliged to show themselves once a week to the physician in charge. They marry women perfectly healthy, and are consequently placed in the conditions favorable for contracting the disease by contagion, and yet M. Zambaco declares that he had never met with a case of leprosy that could be traced to that cause. This assertion was corroborated by Dr. Dujardin - Beaumetz, who has just returned from a visit to Constantinople. As regards the production of the disease by direct heredity, M. Zambaco admits that he has observed in about one case in every fourteen lepers evidence of this influence. The etiology of leprosy may still be considered to be involved in great obscurity, notwithstanding the great ancientness of the disease. Dr. Vidal, the champion for contagion and heredity, endeavored to refute the argument of his adversaries, and suggested that, as the true cause of leprosy is unknown, and its parasitic nature admitted, which is due to the presence of a microbe (the *micrococcus lepræ*), the inference is that it must be contagious, or at any rate next door to it. It is, however, worthy of note that the inoculation of this microbe has never reproduced leprosy in any of the experiments performed with that view; but the microbe that was used for inoculation was found in the general circulation of the blood. The epidermis affords insurmountable barrier, and according to Cornil and Suchard, the well-known histologists, the bacteria of leprosy do not invade the cells of the mucous bodies of the epidermis. This argument is brought forward by several authors as a proof in favor of the transmission of the disease by promiscuity rather than by heredity. In support of his theory of the contagious-

ness of leprosy, Dr. Vidal cites the oft-repeated history of the Sandwich Islands, where it is said the disease was introduced by a Chinaman, since which a great number of the inhabitants have become leprosy. Professor Hardy, Dr. LeRoy de Méricourt, an old naval medical officer, and other members questioned the merits of the assertions of the Americans who are generally in favor of the contagiousness of the disease in question, and they advanced in opposition the fact that all European medical men who have practiced in countries where the disease is common deny its contagiousness, adding that as leprosy offers a great variety in its character and the diagnosis being often difficult, it is very possible that the American and other foreign authors have been mistaken, and attributed to leprosy manifestations belonging only to syphilis, thus it may be seen that we are not much enlightened on the subject, and although the debate is closed for the present, it is probable that each speaker will reserve his position, or at least his own opinion, without in the least convincing his adversary.

PARIS, November 6, 1885.

REVISED EDITION OF NOMENCLATURE OF DISEASES.

TREASURY DEPARTMENT.
OFFICE SUPERVISING SURGEON-GENERAL, U.S.M.H.S. }
WASHINGTON, D. C., November 7, 1885.

To Medical Officers of the Marine Hospital Service,
and others concerned :

Referring to circular dated July, 1874, adopting the Provisional Nomenclature of Diseases of the Royal College of Surgeons, of London, as the official nomenclature of diseases of this service, and to paragraph 310 of the Revised Regulations of 1885, you are hereby informed that the revised edition of 1885 of said Nomenclature will be used on and after January 1, 1886, instead of former editions.

JOHN B. HAMILTON,
Supervising Surgeon-General M.H.S.

Approved: DANIEL MANNING,
Secretary.

DR. KEITH, of Edinburgh, recently came to Boston to consult with Dr. Homans, of that city. The case was one of some obscure abdominal affection. He entirely agreed with the attending physician, and returned home, it is said, with a ten-thousand-dollar fee.

Societies.

PHILADELPHIA ACADEMY OF SURGERY.

At a stated meeting held November 2, 1885, D. Hayes Agnew, M. D., President of the Academy, in the chair, Dr. R. J. Levis read a communication entitled Notes on the New Antiseptics, Hydronaphthol and Potassio-mercuric Iodide.

The following are the claims made for the newly-discovered antiseptic, hydronaphthol:

It is at least twelve times as effective as carbolic acid, and is entitled as a true antiseptic to occupy a position in the comparative tables next to the mercuric bichloride.

It is thirty times as potent as salicylic acid, sixty times as effectual as boric acid, and has six hundred times the antiseptic power of alcohol.

Hydronaphthol is soluble when placed in cold water to the extent of one part in two thousand. It is soluble in hot water in the proportion of one to one hundred; but when the water becomes cooled to ordinary temperatures a precipitate occurs, leaving a solution of one to one thousand. In this strength of one to one thousand it permanently prevents the development of the germs of putrefaction in all putrescible fluids.

While the true antiseptic or *inhibitory* action of hydronaphthol in such cold aqueous saturated solution is perfect, its germicidal and proper disinfectant power is ineffective. For the destruction of already existing germs, such as have a tenacious vitality, as those of anthrax bacilli and pathogenic micrococci, it therefore can not be relied on. As to its action in this regard, as compared with carbolic acid, it should be remembered that a ten-per-centum carbolic solution is required—a strength practically improper in wound-treatment. In ordinary antiseptic practice, carbolic acid is valuable only on account of its inhibitory action.

The first use of hydronaphthol as an antiseptic was by Dr. G. R. Fowler, of Brooklyn, to whom the profession is indebted for its introduction to practical surgery. My own experience with the antiseptic action of hydronaphthol in the wards of the Pennsylvania Hospital and in private surgical practice confirms his observations, as given in his recent articles in the New York Medical Journal.

Hydronaphthol is a grayish substance, in the form of crystalline lamina, having a slightly aromatic taste and odor. It is soluble freely in alcohol, ether, chloroform, glycerin, benzole, and the fixed oils. In the aqueous saturated solution of one to a thousand it is absolutely unirritating, and has no toxic action, either local or systemic; is free from unpleasant odor, and has no injurious action on metallic instruments or on clothing fabrics. Besides its use in aqueous solution, I have used it in the form of a powder diluted, preferably with oxide of zinc in the proportion of one to fifty. I believe that hydronaphthol may well displace carbolic acid from practical surgery.

The potassio-mercuric iodide is four or five times as powerful as a true germicide or disinfectant as the mercuric bichloride. For such use it is effective in aqueous solutions in the proportions of only one to twelve thousand. The potassio-mercuric iodide is made by simply dissolving equal quantities of the biniodide of mercury and the iodide of potassium in distilled water. The solution is evaporated, and there remain yellow, needle-like crystals of the potassio-mercuric iodide. In the use of such dilutions of this powerful antiseptic, local irritation is entirely avoided, and the risk of producing the constitutional effects of mercury is greatly diminished.

The introduction into surgical treatment of these two remarkable and powerful substances, hydronaphthol and the potassio-mercuric iodide, will do much to overcome some of the objections and inconveniences of antiseptic practice.

DISCUSSION.

Dr. S. W. Gross: Dr. Levis has made the statement that potassio-mercuric iodide is a far safer germicide than the ordinary mercuric chloride. The solution of one to twelve thousand is really not so much weaker, if we look at it properly. The potassio-mercuric iodide is dependent for its activity on the biniodide of mercury. It is a well-established fact that the biniodide of mercury is a far more powerful germicide than is the bichloride. Because we use a weaker solution is no evidence that it is not as strong as the bichloride. I can see no advantage in making the potassio-mercuric iodide solution, unless it is to fix the biniodide. In preparing the solution of corrosive sublimate in which we wish to keep gauze, sponges, etc., for a long time, we add to it seven and one half grains of chemically

pure chloride of sodium, with the view of fixing the bichloride so that it will not be converted into calomel. The addition of an equal part of iodide of potassium to the biniodide will fix that salt so that it will not be decomposed. There is, therefore, really no advantage in it, except to prevent changes in the biniodide.

Hence this is not a new remedy, for the biniodide has been used as a germicide. I do not see any advantage of using a stronger substance in what is apparently a weaker solution. It is, of course, impossible to say any thing as regards the constitutional effects, for Dr. Levis has not had sufficient experience to determine whether or not toxic symptoms are produced by this agent. There is no reason why, if the potassio-mercuric iodide is used as carelessly as the corrosive sublimate often is, there should not be toxic symptoms produced. If the cases of poisoning with the bichloride of mercury which have been reported are examined, it will be found that the bichloride has been used in unusually large quantities. For example, a one to one thousand or one to two thousand solution has constantly been used as a fluid to irrigate the wound during a surgical operation. Again, in psoas and iliac abscess, where a large quantity of the solution has been introduced after the evacuation of the pus, toxic symptoms have arisen. If a little care is exercised there is no reason why toxic symptoms should arise from any of the mercuric solutions.

In regard to hydronaphthol I know nothing of it from experience. I, however, know that Dr. Fowler has been making experiments with it for years, and, even after the adoption of the mercurial solutions, used a saturated compress with naphthaline outside of the corrosive sublimate dressings to keep the wound enveloped in the vapor of naphthol, according to his statement.

Dr. R. J. Levis: Dr. Gross will bear in mind that with the potassio-mercuric iodide there is only one fifth the amount of mercury used. We know that the mercuric bichloride is an unstable salt in the way in which it is generally used, and for ordinary uses it can hardly be made a stable salt.

Dr. S. W. Gross: It is a stable salt. A solution of corrosive sublimate in water can be kept for a week without any change. To make a stable solution for sponges and dressings, it is better to add chloride of sodium.

Dr. R. J. Levis: I used the term unstable with reference to the mercuric chloride in

contact with organic matters. Under such circumstances it is liable to be converted into ordinary calomel.

Dr. S. W. Gross: This is a mistake. Corrosive sublimate does not become unstable in the presence of organic compounds. This has been asserted, but there is no proof of it. If it did undergo this change, why do we have toxic symptoms arising when large quantities of the solution are injected into abscess-cavities?

Dr. J. M. Barton: As regards stability, the mercuric chloride does not seem to undergo any chemical change. At the same time, it undergoes some change when brought in contact with organic matter. If this were not so, a large mass of odorous material could be disinfected with half a grain of corrosive sublimate.

Dr. Charles W. Dulles: It is well known that the salts of mercury in the presence of albumen are apt to be converted into albuminoids, but this does not prevent the constitutional effect of mercury. I believe that this change is not in sufficient quantity to interfere with the antiseptic properties of the substance. The effect of the potassio-mercuric iodide in the presence of albumen is somewhat similar. Dr. Oliver, who has made some extensive experiments in regard to albumen in the urine, has found that this potassio-mercuric iodide is the most delicate test for albumen.

Dr. S. W. Gross: In corroboration of what Dr. Dulles has said, I would recall the fact that when Lister began the use of corrosive sublimate he employed a solution which was too strong, and found that a certain amount of erythema and vesication was produced. He now procures the serum of the blood of a horse and makes his solution in that way.

Dr. Addinell Hewson: I have had some experience with hydronaphthol, but I have seen it produce irritation, and even such erythema as was alarming. This was a solution of one to two thousand. The effects were produced within twenty-four hours. The patient experienced constant distress from the time of its application.

Dr. R. J. Levis: I have found the one to two thousand solution almost tasteless. I have placed it in one eye without being conscious of its presence.

Dr. Addinell Hewson: In this case there was a tendency to erythema, and the result undoubtedly proved that the remedy had no effect as a germicide.

Dr. Levis: That is not claimed for it.

Selections.

TREATMENT OF HICCOUGH BY COMPRESSION OF THE PHRENIC AND PNEUMOGASTRIC NERVES.—When we examine the different methods of treatment of hiccough called idiopathic (*Bull. Gen. de Therap.*), one is surprised to find scarcely any thing else advocated than a number of remedies popular as well as empiric, such as strong compression of the wrist and sudden fright, swallowing a large quantity of cold or acidulated water, compression of the chest or pit of the stomach, etc. It is rather odd that, in the treatment of this spasm of the diaphragm, a therapeutic action upon the nerves which preside over its function or influence it in a reflex manner has been so little sought after—we refer to the phrenic and pneumogastric nerves. It is true that the malady being as a rule benign, the above treatment has usually sufficed. However, T. Schorrt, Duchenne, Bouchut, and Tripier each advocate a method in which they had had in view an action on the nerves which appeared to them to be involved. The first three wished to act on the phrenic, A. Tripier on the pneumogastric. The Scotch physician, Thomas Schorrt, successfully applied a blister over the phrenic nerve; Bouchut extols the hypodermic injections of morphia in the course of this nerve. Duchenne uses galvanism of the phrenic; the continued current is used by A. Tripier, who advises its application, “the positive pole to the epigastrium, the negative to the front of the neck, in the line of the pneumogastric.”

It will be noticed that, whatever the theoretic idea may be that has influenced the choice of one or the other of these nerves, the therapeutic application always involves both. The reason for this is the anatomy of the parts. After referring to the anatomical relations of the two nerves in the neck and to the diffusible nature of electricity applied to the surface, the writer goes on to say: But in a malady usually so mild, and which as a rule lasts but a few minutes or hours, when it is not symptomatic of a serious disease, such as peritonitis, intestinal obstruction by internal strangulation, etc., such a condition, I repeat, where hiccough is styled idiopathic, the treatment employed ought to be as simple and easy as possible. It is true that if one can consider as simple the use of electricity, blisters and hypodermics, one ought

to observe that they have been only resorted to where empirical means have failed. We must find, then, a means at once easy of application and effective; such is the treatment of hiccough by digital compression.

It requires no instrument; it is readily applied even by the patient. We have seen just now that four or five centimeters of the inferior clavicular portion of the sternocleidomastoid muscle lie directly over the two nerves. This is the part we select, guided by the pulsations of the carotid. The thumb and index finger are used on either side, symmetrically applying pressure sufficiently strong to cause the spasm to disappear. One or two minutes, as a rule, sometimes less, are sufficient; meanwhile the patient's head must be kept immovable. In our method, as in those that we have cited, the therapeutic action affects equally both nerves.

It follows that if the hiccough arises from the stomach, the pressure which effaces or diminishes the reflex action of the pneumogastric will stop the spasm during the time it is reflexly excited, and often even afterward. If, on the other hand, the cause arises directly from the influence of the phrenic, the calmative action of compression is equally manifested. Whatever may be the pathogeny of hiccough and the therapeutic mode of action of the digital compression, the result is nevertheless remarkable. We have rarely seen this method fail in idiopathic hiccough. Once, however, in a young hysterical girl, who had suffered from hiccough for two days, compression, far from calming the spasms, each time it was applied rendered them on the contrary more frequent. In hiccough symptomatic of a severe general disease we have never successfully used compression. We would in nowise discourage experiments in this line, having only used this method five years.—*Cincinnati Medical News*.

INJECTION OF A NEW PREPARATION OF ALBUMINATE OF MERCURY IN SYPHILIS.—Dr. Max Bockhart, of Wiesbaden, describes, in a German dermatological journal, an ingenious method of administering mercury in syphilitic cases by subcutaneous injection, which, he says, is perfectly innocuous, never having caused pain, induration, or abscess. He combines the mercury with blood-serum. The latter, which may be obtained from the horse, sheep, or ox, is sterilized according to Koch's process, and then

filtered. Of the filtrate, 40 cubic centimeters is poured into a graduated glass. To this is added a warm (50° C.) solution of 3 grams of bichloride of mercury, in 30 grams of water. The resulting precipitate is dissolved in a solution of 7 grams of common salt in 20 grams of water. This gives a 3-per-cent solution of mercury blood-serum. This is mixed with distilled water, so that the whole weighs 200 grams, which reduces the strength to 1.5 per cent, which is the best strength for use; a gram of it containing 0.015 gram of mercurial albuminate. This solution is a yellowish opalescent liquid, with neutral reaction, and will keep very well in a dark glass bottle in a cool place. The injections are given once or twice a day, 0.7 gram being introduced on each occasion, containing about 0.01 gram, or three twentieths of a grain, of albuminate of mercury. Besides acting rapidly and powerfully on syphilis, and keeping the system for a long period free from secondary symptoms, this preparation has the advantage of being stable, cheap, and easily prepared.—*British Med. Journal*.

NITRO-GLYCERIN IN THE COLD STAGE OF INTERMITTENT FEVER.—Articles on the therapeutic uses of nitro-glycerin, or glonoinum, have been quite numerous since its revival and application in disease, angina pectoris in particular, in which affection it has been used with remarkable success since its first employment by that distinguished investigator, Dr. Wm. Murrell, of London. But in no article has the writer seen it recommended as a prompt and efficient remedial agent in the cold stage of intermittent fever, which it cuts short at once, as does morphine, for instance, or chloroform.

I have employed it for this purpose in four different cases so far, with the desired result in each one, and without any unpleasant effect, aside from a little ringing or buzzing in the ears, which, as we all know, is part of the physiological action of this agent. The last case in which I used it was that of Mrs. L. F. G., a stout, married lady, twenty-six years of age. Under the greater part of the house in which she resides there was a pool of water prior to the sewerage which has since been laid in the street. I was hastily summoned at about 7:30 o'clock in the morning of November 30th last, and found her covered with blankets, and with chattering teeth, in

the cold stage of an intermittent fever. I gave her a hypodermic injection of morphine which almost immediately cut the attack short. As she could not take quinine in any form, on account of an annoying eruption it would produce, I placed her on liquor potassii arsenitis, gtt. iv, *ter in die*. But this did not act as quinine would doubtless have done, for between 3 and 4 o'clock on the following afternoon she had another attack, which was again relieved by the morphine. After that, she was free from all attacks until the 16th of last month, when I was again hastily summoned. I took with me my one-per-cent solution of nitro-glycerin, and dissolving gtt. ii, in aquam xv, injected the whole into her arm. It acted as promptly and as efficiently as it did on the previous occasions, or as morphine did.

I would recommend, however, that only one drop be used, instead of two, unless the condition and nature of the patient would warrant more. I would also state that I greatly prefer the solution to the pills which some of the manufacturing druggists have placed on the market; the one-per-cent solution in alcohol or ether being the most advisable.

My object in writing this brief article is to call attention to this additional property of glonoin, which the few cases mentioned justify me in claiming for it.—*Charles Weil, M. D., in Therapeutic Gazette*.

TREATMENT OF PULMONARY GANGRENE BY INHALATIONS OF CARBOLIC ACID.—M. Paul has employed this method in seven cases, in all of which a rapid and permanent cure was obtained without the appearance of any toxic symptoms. The solution employed was of the strength of one part in seven of water, and was inclosed in a flask, the patient inhaling the vapor. In addition to this, eucalyptus was employed internally in doses of one half dram of the alcoholate per diem.—*New York Medical Record*.

RESORCIN IN THE TREATMENT OF GONORRHEA.—Dellerbaugh (*Revue de Thérapeutique*) recommends the use of resorcin combined as follows, in injections, for the cure of gonorrhea:

R Zinc. acetatis, gr. $\frac{1}{4}$ to gr. $\frac{1}{2}$;
Acidi boracici, gr. xx;
Resorcin, ʒj ;
Aquæ dest., f ʒiv .

M. Sig. Inject two drams three times a day.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÄ."

SATURDAY, NOVEMBER 28, 1885.

Original.

VAGINISMUS AND ITS TREATMENT
WITH COCAINE.

BY DR. J. SCHRANK*.

*Emeritus Clinical Assistant and Officiating Physician of
Police, Vienna.*

[CONCLUSION.]

According to Preuschen (*Real-Encyclopædie der gesammten Heilkunde*), vaginismus may occur without injury of the hymen, conditioned on a primary hyperesthesia, as soon as the hymen is exposed to violence; yet often, however, inflammation and excoriation may be found. When we look away from the injuries which consist in lacerations of the introitus vaginæ, there is no other that might not accompany any other coitus whatever. Hence there should be met cases where vaginismus appears later and not immediately after defloration.

There must be women, especially those with narrow vaginæ, who often indulge in coitus, some of whom would suffer from this disease; the literature relating to this subject, however, presents no case which has not arisen immediately after defloration. The fact that along with this lesion inflammations and excoriations of the hymen are found, rests upon the basis that the rupture which had resulted from the first marital embrace was lighted up anew by subsequent ones, and therefore such rupture wounds come to swellings and excoriations.

Duncan (*Medical Times and Gazette*, October, 1878), distinguishes a primary vaginismus which he considers a neurosis of motility, and a secondary, mostly in the newly married with inflammatory appearances, in most of which reddened spots or fissures can be found on the frenulum.

A rent in a sphincter, whether it be that

of the mouth, of the anus or the vagina, results in inflammatory conditions only when it is irritated. If, therefore, no further efforts at cohabitation should be made by those who suffer from rents of the hymen, and these rents should not be discoverable without careful search, which indeed is never permitted by the patients, on account of the piercing pain caused by unfolding the vaginal mucous membrane, the injuries in question would easily enough be taken for neuroses. Duncan's primary vaginismus differs from his secondary in that the cause of the latter is obvious.

Gallard (in *Paris Annual de Gynecol.*, 1879) sees the cause of vaginismus in inflammatory conditions at the introitus vaginæ with or without lesion of the same. He speaks of a prophylaxis, by instruction suitable to the case, to be given to those of both sexes entering upon matrimony. For him, therefore, the productive moment of the lesion is the time of first cohabitation, and by precautionary measures he would prevent the mistreatment of the hymen in the consummation of marriage.

Another circumstance which speaks in favor of the view here held of vaginismus is the suppression of the disease in the case of the pregnant and those who bear children.

Vaginismus, by the way, furnishes evidence that for impregnation an entrance of the member into the vagina is not necessary, for many cases occur in which the semen reached only the vulva, and still produced pregnancy. In the case of pregnant women who suffer with this trouble, during parturition the most intense pain is experienced in the vagina. When the pregnancy is over, the vaginismus appears again as before upon attempts being made at cohabitation. Krustenstern (*Protokoll des Med. Gesellschaft*, 1882) reports two cases of the kind. In both cases parturition was aggravated by the vaginismus and

*Translated from the *Wiener Medizinische Wochenschrift* by D. T. Smith, M. D.

the forceps applied during narcosis. One patient died the day after delivery, and in the other the vaginismus returned after delivery as before.

Bouchut also (*Gaz. des Hopitaux Milet.*, 1882) advises of such a case.

If vaginismus were a neurosis, the pain resulting from the pressure of parturition would remain the same and not be increased; but during birth the advancing part of the child, usually the head, produces the tearing of the rents previously existing and not yet perfectly healed, in consequence of which there is the severest pain persisting through the whole course of the labor, in most cases demanding the application of the forceps under the influence of narcosis. That the lochia, similarly to menstruation, affects unfavorably the condition results from the nature of the case.

I treated a woman for vaginismus for four years, who, when eight weeks after the birth of a child delivered with forceps, she attempted to submit to coitus, experienced the return of the disease in its severest form. The disease improved a little on the application of morphine suppositories. The patient declined further treatment, as her husband sickened of pulmonary tuberculosis and died one month afterward.

Further, the success of those methods of treatment which correspond fairly well theoretically with treatment of rents in the parts of the vagina to which the hymen is attached, speaks in favor of the views advanced.

If in the treatment inculcated by Sims, which consists in paring off the hymen, incision of vaginal aperture, with subsequent dilatation of the latter, the hymen is pared away in such a manner as to remove with it the laceration, often the trouble would have been removed without any further procedure; should the rent, however, extend into the vaginal wall in such way as that the knife of the operator could not reach it, it will remain as before, but will be greatly modified by the interference connected with the incision.

These incisions effect an enlargement of the vaginal canal in consequence of which the laceration will not be so much irritated, and so will cause less pain.

The treatment of Scanzoni also, which consists in the restraint of the force causing inflammatory injuries of the genitals, that is, in perfect sexual abstinence, quieting the existing inflammatory conditions by the use of hip-baths daily, touching with solutions

of sulphate of copper, with subsequent dilatation, corresponds well with the treatment of laceration in the vaginal aperture.

The method of Scanzoni is safe, inflicts no pain upon the patient, and is of all methods accompanied by the most favorable results.

As regards the treatment of vaginismus with cocaine, Fraenkel (*Centralbl. f. Gynækol.*, No. 49) has already reported the favorable results obtained by anesthetizing the genital mucous membrane with that drug. He prescribes a twenty-per-cent solution of muriate of cocaine, with which he pencils the cleaned and dried vaginal portion of the vulva three or four times in succession.

Polk, of New York (*The Medical Record*, Nov., 1884), employs, in the performance of bloody operations about the cervix uteri, a four-per-cent solution of cocaine, with success. On account of the high price of cocaine I have been also prescribing a four-per-cent solution in vaginismus. With this solution, more frequent pencillings are requisite, and the anesthesia of the introitus vaginæ often comes on about twenty minutes after the first pencilling. It would be better, if the cost of the drug were not so often to be taken into consideration, to use a stronger solution; time would be gained thereby; efforts at dilatation would be more exact and conducted without pain, and the course of treatment be considerably shortened.

In two cases of vaginismus I have observed that immediately after the cessation of the menstrual flow a more frequent pencilling was required, or the use of a stronger solution of cocaine, to effect cocainizing of the introitus vaginæ. As soon as the parts are perfectly cocainized I hasten to efforts at dilatation. Of all vaginal dilators and speculæ I have found the anal speculum of Weiss the most effectual. It is three-valved, and as it is conical it can be easily introduced into the vagina, being of no greater thickness than a small suppository. By turning the handle the three valves of the instrument are so folded into one another that it corresponds with the Carl Braun, No. 5 (forty-four millimeters).

I seldom need twenty minutes in which to unfold the three blades of the instrument to the utmost, by gradual turning on the handle, which could scarcely be accomplished by the efforts of weeks without the cocainizing. Should the cocainizing pass off during the dilatation, which may happen with the use of weak solutions, and pain or only burning in the vagina be experienced,

this instrument admits easily of further pencilling.

For promoting dilatation the favorable action of cocaine commends it above every other means hitherto employed. While efforts at dilatation, after pencilling in the ordinary way, advance only gradually, and to the patient, when not actually intolerable are exceedingly burdensome, patients deport themselves with the greatest indifference under such efforts made during cocaine narcosis, for they scarcely feel the dilating instrument.

The cure of vaginismus can then first be regarded as complete, when by dilatation efforts the vagina has been enlarged to the extent that no abrasion of the hymeno-vaginal laceration, nor of the spots where they existed, takes place during coitus.

Finally, in a medico-legal aspect, cocaine has also a great significance, since pencilling with a solution of this drug renders coitus possible without particular pain, and thus obviates marital troubles.

LOUISVILLE, KY.

THE TREATMENT OF TYPHOID FEVER.*

BY J. ALLEN SHIRLEY, M. D.

In my remarks upon this topic I shall endeavor to steer clear of the books, and confine myself to actual bedside observations; nor shall I offer any thing new, but simply my way of using certain well-known medicines; for I am frequently forced to believe that, in our desire for something new, we are in danger of neglecting some of our most useful remedies.

There is but little doubt that the treatment of half a century ago proved fatal in every case save the few "stone-wall" fellows who could not be killed by the barbarous therapeutic measures then in vogue; to wit, bleeding, active purgation, mercurialization, starvation, and hot water. But to-day it would seem that the pendulum has swung too far in the direction of "expectancy" or "do-nothingness," for while active or abortive interference is to be strenuously avoided as harmful, the "let-alone" method is to be deplored. A believer in the self-limited character of typhoid fever, I also believe that certain medication is necessary to a favorable issue in most cases. At the beginning of the disease I

give mercury in quantity sufficient to produce the characteristic stools, under the belief that upon this depends, in great measure, immunity from subsequent hemorrhage. As it is difficult and frequently impossible to arrive at a positive diagnosis for several days at least, a pretty thorough quinization at the beginning, or until the diagnosis is clear, is at least harmless; but when the physician is convinced of the absence of malaria or the existence of typhoid, the exhibition of the drug, as in malaria, should be discontinued. I give turpentine from the beginning in small doses, and in large and frequent doses whenever tympanites, abdominal tenderness, and dry tongue are marked.

Iodine, two parts, carbolic acid, one part, after the manner of Wilson, of Philadelphia, every four hours, alternated with turpentine when discharges are offensive, is certainly to be recommended. Quinia in doses of from ten to forty grains on a falling temperature, or in divided doses in the early morning and late afternoon if the defervescence is scarcely perceptible, and the pulse be full and steady, is the best and surest antipyretic. But no one should give quinine without watching carefully its effect upon the circulation, withholding it whenever the heart's action becomes feeble; for while quinine almost invariably reduces temperature, it is at the expense of cardiac power. Cool or cold sponging when diaphoresis is marked, and tepid sponging when the skin is harsh and dry, are generally grateful to the patient. Water thus applied reduces temperature without prostration. Ergotin, two to four grains, opium, one grain, nitrate of silver one eighth to one sixth grain, acetate of lead, two to four grains, in pill every three to six hours, with turpentine, iodine, and carbolic acid are my chief reliance in controlling diarrhea. If hemorrhage occur, I add to these injections of ergot, laudanum, and tannin.

My apology for mentioning my way of giving remedies so old, and with which every one is familiar, is that I believe I have seen cases prejudiced, if not helped on to a fatal issue by too much medication (the heroic use of quinia for instance), while others, through the physician's overweening faith in nature's restorative power, have suffered greatly.

Extremes along either line should be alike deprecated, and he who takes the middle ground will find, as experience ripens, that he has made his footing safe in all and sure in many cases.

*Read at the June meeting of the Kentucky State Medical Society, 1885.

Miscellany.

WHAT IS PNEUMONIA?—At the meeting of the New York State Medical Association (Medical Record) Dr. Austin Flint, in the course of a discussion on pneumonia, propounded eight questions relative to the nature, pathology, prognosis, and treatment of acute lobar pneumonia:

1. Is acute lobar pneumonia a primary local inflammatory disease, or is it an essential fever, the pulmonary affection being secondary thereto and constituting its anatomical characteristic?

2. What facts and rational grounds, with our present knowledge can be cited in support of the doctrine that acute lobar pneumonia depends on the presence of a specific micro-organism?

3. What conditions or circumstances incident to acute lobar pneumonia tend to render the disease fatal?

4. Are there known remedies or therapeutic measures capable of arresting this disease, or of exerting a curative influence by either shortening its duration or conducting in any way to a favorable termination?

5. Is blood-letting ever indicated in this disease, and if so what are the circumstances indicating and contra-indicating this means of treatment?

6. Is alcohol useful in the treatment of cases of acute lobar pneumonia, and if so, what are the indications for its use, and how is its use to be regulated as regards the quantity?

7. To what extent is it safe and useful to employ antipyretic measures of treatment, in cases of acute lobar pneumonia, inclusive of the cold-bath, sponging the body, or the wet sheet?

8. Do relapses of acute lobar pneumonia ever occur during, or shortly after convalescence, and does this disease involve any special liability to other diseases or sequelæ?

PILOCARPIN IN TOOTHACHE.—The Medical Press and Circular says that Dr. Kürzakoff, of Moscow, claims that hypodermic injections of pilocarpin relieved toothache very quickly in several cases in which he tried it:

A solution of two grains of the salt in half an ounce of distilled water was used, the injection being made into the temporal region on the side of the odontalgia. In two of the cases one eighth, and in a third

case one quarter of a grain of the salt was injected. In all the cases pain disappeared permanently in about an hour after the injection; about the same time salivation and perspiration (caused by the drug) also ceased. In one of the cases, in that of a man, aged forty-six, with rheumatic periodontitis associated with agonizing earache, the injections (of a quarter of a grain) produced profuse vomiting, with cyanosis, general weakness, and drowsiness, all of which symptoms disappeared in about an hour and a half after taking twenty drops of tincture of valerian. The author thinks that this simple plan of treatment fully deserves a further and more extensive trial.

WOMAN'S RIGHTS AND BABIES' WRONGS. A correspondent affirms that on a recent festive occasion she counted directly in front of her residence in a large city thirty-four infants in the arms of women packed on curbstone and in gutter awaiting the arrival of the procession. Luckily, the day was fine. But no stress of weather keeps a certain type of mother within doors when she wants to be abroad. She shoulders her "encumbrance" directly between us and the window in which are displayed fall fashions and Christmas novelties; hushes him with sibilant breath during music "rests" at a popular concert; trots him placidly in the church gallery while he wails dissent of speaker and occasion. You meet her at railway stations, plying the luckless infant as a battering-ram to secure precedence for herself in the solid crowd; in street-cars she is ubiquitous—every where imperturbable so long as she has a good place for seeing and hearing. With the circus season she comes out in strength; at industrial exhibitions almost as strenuously. She is always aggressive, usually triumphant; the baby is asleep or vociferously miserable. As a popular subject illustrative of woman's rights and babies' wrongs, Babyhood offers this specimen of the mother sex to Valentine or Rogers.—*Babyhood*.

CHOKING.—A baby or young child may hold its breath while there is food in the mouth, simply because it can not obtain more food or can not have its own way. As soon as the spasm of the muscles of the throat relaxes, an inspiration occurs, air is forcibly drawn into the lungs, and if particles of food have not already been removed from the mouth and throat by one's finger, they are likely to block up the larynx and

cause suffocation. In other words, they are "foreign bodies." Children just passing out of babyhood who are allowed to feed themselves at table and to eat whatever they want, run great risks of suffocation by large mouthfuls of food. No careful parent who has repeatedly observed a baby's manner of cramming the mouth full and of gulping food, if left to himself, doubts that suffocation may thereby be caused. To reduce the danger to the minimum, therefore, additional food should not be given until the baby's mouth is quite empty, and the mother should not intrust the feeding to other hands than her own, unless, indeed, she intelligently supervises it.—*Dr. Jerome Walker.*

ACONITINE AS AN ANESTHETIC.—The London Medical Record says that a French physician has found that one or two drops of a one-per-cent solution of either the hydrochlorate or valerianate of aconitine dropped into the eye produces, after two or three minutes, anesthesia of the conjunctivæ. It, however, causes slight burning and redness which extends to cheeks and lips.

[This drug was tried soon after cocaine made its appearance, but was found to have little or no effect on the conjunctivæ. We have used it in the throat and larynx where it undoubtedly benumbs sensibility to a slight extent. *Ed.*]

IMPORTANCE OF CLEANLINESS AROUND AN INFANT'S EYES.—Dr. Edward S. Peck, a New York oculist of high standing, says on this subject, in *Babyhood*:

Immediately after birth an infant should be kept secluded from the light; but within two days the eyes may be allowed some liberty in a lightened room; the direct rays of light should, however, be excluded from them for some days. Many infants are predisposed to gummy accretions and crusts upon the lid-edges; in every case these should be removed with lukewarm water, to which a little borax may be added, by means of a small, soft sponge or bit of old muslin, after which vaseline should be applied directly to the parts. As the child grows older and is taken out of doors, the exposure to sunlight produces a tendency to an excessive accumulation of mucus between the lids and of crusts at the lid margins. The same rules should then be faithfully followed and cleanliness rigidly maintained. To neglect in this particular, more

than to any other local cause, is due the vicious habit of styes in very young children. The glands secreting the oily substance, which is the natural lubricator of the lid edges, are apt to have the orifices choked with mucus with which dust may be caught up; a stoppage occurs, and a true stye forms. This is liable to be followed by a second and third one, producing not only pain to the little patient, but possible damage to, and distortion of the lid. Catarrh of the tear-sac very frequently results from an uncleanly habit of the lids. In this connection it should be noted that "snuffles" and watery eyes often occur together; but, though depending usually upon hereditary causes, both can be corrected, and such a view should always be taken by the mother and nurse.

COCAINE AS AN ANESTHETIC IN FRACTURE.—Dr. J. R. Conway, jr., reports in the Medical Record a case of fracture of the lower end of the radius reduced without pain after injections of cocaine. He says: All attempts at examination of the fracture caused great agony, and I resolved to try if deep injections of cocaine at the point of fracture would sufficiently anesthetize the parts to allow of thorough examination and reduction of the deformity without causing pain. I proceeded to inject five minims of the four-per-cent solution into the inner, outer, and posterior surfaces of the forearm directly over the seat of fracture and as deep as the bone. In five minutes the fracture could be thoroughly examined and even roughly handled without the patient experiencing the slightest pain. After the examination I reduced the deformity by extreme extension of the wrist-joint together with traction, using considerable force, but without causing the patient any uncomfortable sensations.

THE Chair of Theory and Practice of Medicine in the Long Island College Hospital having become vacant by the death of Dr. S. G. Armor, it is proposed to fill it by the most available man. Applications should be made to A. J. C. Skene, Brooklyn.

CINCINNATI ACADEMY OF MEDICINE.—Meeting November 30th, Dr. J. H. Taite will open the discussion on superfetation.

A CREMATORY for incinerating the human remains of dissecting-rooms has been tested at Paulin, France, and found satisfactory.

The Louisville Medical News.

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THE ALCOHOLIC PREDISPOSITION.

At a stated meeting of the Hospital Medical Society of Paris, August 14th, M. Fréré read an interesting article entitled, the "Alcoholizables," designating by this term (after Lasegue) individuals who yield with extraordinary readiness to the sad effects of alcohol, even in moderate doses.

The nervous system in these persons he regards as predisposed to alcoholism, it being the line of the least resistance.

In other subjects, on the contrary, the *locus minoris resistentiæ* will be sometimes the kidneys, at others the liver, etc. Accumulated observations show that the "alcoholizables" are the subjects of a neurosis, in whom personal and hereditary antecedents readily explain the predisposition.

To the neurosis described by Fréré, no doubt much of alcohol and opium addiction is due, independently of what may have been the habits of the ancestors of the unhappy victims.

Doubtless we often speak of a besotted son as having inherited the habit of his drunken father with the same justness that we might speak of a heroic son as having inherited the wounds of his patriot father.

The courage and patriotism which led the father to the field of strife led the son there also. So often it is that the son is a drunkard, not because his father drank, but because he inherited the neurosis that made the father a drunkard. And when society reaches that point of wisdom at which the elimination of one-sided development in children can be effected by proper mating, much of this class of troubles will be obviated. By mating instead of pairing through selections in which each of the parents is the opposite but not the antagonist of the other, many grievous burdens now thrown upon the shoulders of offspring and the hands of society might be lightened if not averted.

PETRIFIED HUMAN BODIES.

Much interest has been recently aroused in this city by the announcement in the daily press that the body of a Mrs. Taylor, exhumed in the Western Cemetery for reburial in Cave Hill, was found to be almost entirely petrified. Scarcely a year passes that one does not hear from some part of the country that a body turned into stone has been dug up.

Now the truth is, that petrification of the body of a warm-blooded animal never has been known, and it is quite safe to say never has taken place.

The condition which leads to these misconceptions is not that of petrification, but of saponification. Those tissues in the body which contain nitrogen, such as the muscles, the mucous membranes, glands, and connective tissues, in decomposing give off ammonia, and it is this which, attacking the fats of the body, results in the production of that form of soap known as adipocere. Sometimes, in running water holding lime in saturated solution, a lime or a mixed soap will be formed. The other alkalies in the system will also contribute their share, and under certain circumstances salt may perhaps be decomposed

in such a way as to give up its sodium for the purposes of soap formation. Last winter, in passing through the Government building at the New Orleans World's Fair, we saw a barrel of mess-pork on which was a placard stating that "this barrel of pork was found floating in the Mississippi near Vicksburg, in an advanced state of petrification." Being skeptical as to the fossiliferous nature of the hog in question, to say nothing of the specific gravity of rocks that float down the rivers, we helped ourself to a chip, and found it be only adipocere, a veritable soap. Bodies, buried under water, or in old cemeteries where the soil is already charged with ammonia, are changed into adipocere much more readily than when buried in dry or fresh soil. Buried in sand or gravel the change seldom takes place. The time required for this change ranges from three months to three years.

An embellishment of style which usually sets off these reports is, that in the case noted it took from four to six men to remove the coffin from the grave. Now, any one who has ever been engaged in decently disinterring a coffined body, has found that four men can usually be well employed in the task, even when there is no question of rock formation in the implicated tissues.

Such a thing as petrification might possibly occur, if, after being completely changed into adipocere, a body was submerged in the cooling water of a geyser saturated with soluble silicates, but it is more in the nature of things that antiquarians or showmen who aspire to the possession of petrified human bodies shall hereafter, as heretofore, have recourse to the sculptor and not the paleontologist for the coveted specimen. That heavy-weighted sham which some years ago figured as the Cardiff Giant is a case in point.

HON. ISAAC CALDWELL, the eminent jurist, died in this city on the 25th inst. He has been for many years President of the Board of Trustees of the Louisville University.

Bibliography.

The Science and Art of Midwifery. By WILLIAM THOMPSON LUSK, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Bellevue Hospital Medical College, Obstetric Surgeon to the Maternity and Emergency hospitals, and Gynecologist to the Bellevue Hospital. Complete in one volume, 8vo, with 225 illustrations. Cloth, \$5; sheep, \$6. New York: D. Appleton & Co.

To those who have studied the previous editions of the great work of Prof. Lusk, it would be amply sufficient to state that a new edition, revised and enlarged, has been issued.

It is characterized by the large experience, exhaustive research, judicial fairness, logical clearness, terseness and general excellence of style that abundantly confirm Professor Lusk's title to authorship. There are a few points, however, some of deep practical interest, and others of the interest that always pertains to matters of philosophy, in which we can not yield accord to the views advocated by the author.

One of these relates to Credé's method of placental expression, which at another time may be more fully discussed. Prof. Lusk advocates the original plan of Credé, of pressing upon the uterus in the line of the axis of the pelvis; no doubt a safe plan in the hands of men of skill and judgment, but a very unsafe one as too often understood and practiced by tyros. Besides in our opinion it is not borne out by mechanical principles. It occurs to us that the operation as properly practiced is justified by the law of mathematics, that the sphere includes the greatest space. Any pressure then that causes the uterus to depart from the form of the sphere lessens its capacity and produces in the contents a tendency to escape by the line of least resistance. In our opinion the pressure should not be made upon the fundus but upon the sides of the uterus. In that case, if we accomplished any thing beyond stimulating contraction, we would diminish the capacity of the uterus, without any possible harm, unless unseemly violence was used. Press laterally, backward to the sacral promontory, if need be, but in our view never downward.

We think we also discover a failure of presentation of the full import of the principles involved in "the action of the expellent forces in parturition." "The fundus," we are told, "and the lower segment are thinner than the intermediate portion."

And, "as a result, the concentric pressure of the fluid contents of the ovum is followed by an increase in the longitudinal diameter of the uterus, and the convexity of the fundus of the uterus is increased during a pain."

Now it is quite clear that in this structure of the uterus nature has provided for causing it during contraction to depart from the spherical form to which it would otherwise necessarily tend under the circumstances. Besides, the farther the mass is removed from the spherical toward the cylindrical form the more effectual would be a given amount of contraction of the median circular fibers in the way of diminishing the uterine capacity. This illustrates the principle insisted on in referring to Credé's method of placental expression. This thinness and yielding of the fibers is nature's admonition not to press on the fundus. We would be inclined to differ from the author also in his explanation of head presentations, which we think has not yet been sufficiently accounted for. The explanations depending upon the relative specific gravity of the fetal extremities are opposed by the fact that the young of animals are also born head foremost.

While all the influences ascribed by the author and others may have something of a causative relation to head presentations, it seems to us that the cause lies mainly in the effects produced in man and the lower animals respectively by natural efforts at swimming. A human being thrown into the water and using only the legs will, by his efforts, be carried head-first to the bottom. An animal thrown in will swim by the motion of limbs natural to it on land. So in the uterus, the child, by motions in which the greatest power is contributed by the legs, swims down to the outlet, while the animal by its natural movements swims upward to the outlet. This subject, however, might profit by further investigation.

In the matter of puerperal convulsions, that crowning trial in obstetric experience, Professor Lusk leaves us without additional light.

Bleeding is recommended as one of the very first measures of relief, and here, if nowhere else, the practice seems entrenched. In the use of cathartics we would have been pleased to have found the author more radical. Speaking from our comparatively limited experience in uremic convulsions, it is here the great battle is to be fought, and we feel like saying won. As quickly and as thoroughly as safety would allow, we would push this measure. With croton

oil and large, moderately irritating enemas, renewed as often as they come away, we believe evacuations of the bowels should be hastened. Accompanying and then following these by the administration of such hydragogue cathartics as jalap, Rochelle salts, and bitartrate of potash in unstinted measure, administering them with the stomach-pump if needed, we would wash the blood as we would wash a cloth.

The author shows a commendable disinclination to the production of premature labor. We doubt if induction of premature labor in such cases is ever necessary except there is already organic disease of the kidneys.

For the rest of the work we have nothing but approval, and with conviction can say that it is a work every American will peruse not only with pleasure and profit, but with pride—pride that such work can be done in our own country.

D. T. S.

The Medical News Visiting List for 1886. A complete pocket-book of useful memoranda for physicians and surgeons, with blanks suitable for keeping the professional and business records of a practice aggregating thirty patients per day. Wallet form, handsome red seal binding, with tucks, pocket-pencil and rubber, \$1.00. With patent thumb-letter index for rapid use, 25 cents additional. Philadelphia: Lea Brothers & Co., 706 Sansom street.

This indispensable companion of the physician comes to us in elegant form, and with devices for convenience which erstwhile seemed hardly attainable. It is not only a book of accounts, but a book of ready reference, by which the physician can at once refresh his memory upon every subject where it would be excusable for him to be at fault. We can heartily commend it to the profession.

D. T. S.

Poisons, their Effects and Detection. A Manual for the Use of Analytical Chemists and Experts, with an Introductory Essay on the Growth of Modern Toxicology. By ALEXANDER WYNTER BLYTH. M. R. C. S., F. C. S., etc. Public Analyst for the County of Devon, and Medical Officer of Health, and Public Analyst for St. Marlebone. With tables and illustrations. 8vo. Volume II, pp. 334. New York: Wm. Wood & Co.

We took occasion on the appearance of the first volume of this work, to notice the very excellent quality of its contents. In the second volume Dr. Blyth sustains well the character marking the first, and confirms its title as a standard authority on the subject of which it treats.

On Renal and Urinary Affections. By W. HOWSHIP DICKINSON, M. D. Cantab., F. R. C. P., Physician to, and Lecturer on Medicine at, St. George's Hospital, Consulting Physician to the Hospital for Sick Children, Corresponding Member of the Academy of Medicine of New York. Miscellaneous Affections of the Kidneys and Urine. 8vo. Pages viij-342. New York: Wm. Wood & Co. "Library," 1885.

This volume completes the treatise of the author on renal and urinary affections, the first volume of which was published in Wood's Library for 1881.

Those who had the good fortune to read the first volume will be pleased to have the opportunity of following the author to the conclusion in the happy style in which he treats his subject. Especial attention is directed to the consideration of the author's views of "catheter fever," a subject which every where, for the last few years, has attracted attention, which has had the result of clearing up some very obscure and troublesome points, much to advantage of those who have had the misfortune to enter upon "catheter life."

Epilepsy and Other Chronic Convulsive Diseases; their Cause, Symptoms, and Treatment. By W. R. GOWERS, M. D., F. R. C. P., Assistant Professor of Clinical Medicine in University College, Senior Assistant Physician to University College Hospital, Physician to the National Hospital for the Paralyzed and Epileptic. 8vo. Pages xi-225. New York: Wm. Wood & Co.

This, the September volume of Wood's Library of Standard Medical Authors, well sustains the title. More than has heretofore been the case, excellent as has been the quality of the works issued in this series by that great publishing house, up to this number the volumes for the current year are entitled to be called standard.

A new feature in this work is the introduction of statigrams for the comparison of certain features of the diseases under consideration, a feature which is rapidly and justly making its way in all studies where statistics is a feature.

P. Blakiston, Son & Co. announce that on December 1st they will have ready the fifth edition of "Practical Examination of the Urine," by James Tyson, M. D., Professor of General Pathology and Morbid Anatomy, in the University of Pennsylvania. The rapid sale of four large editions of this work is sufficient to show the high

esteem in which it is held as a hand-book for the physician and a manual for the student. The present edition has been thoroughly revised and increased somewhat in size, and illustrations have been added. Notwithstanding these improvements, the price remains the same. Cloth, \$1.50.

Scientific Review. Devoted to chemistry, physics, and other natural sciences. Vol. 1, No. 1. Dr. Louis Habel, editor, Northfield, Vermont; published monthly. Price, \$2 per year.

Household Game Book. A selection of out-door and in-door sports for boys and girls. D. Lothrop & Co., Boston. Also Household Primer mailed free for a two-cent stamp.

Selections.

HYPODERMIC INJECTION OF MORPHINE IN UREMIC CONVULSIONS.—In the early part of this year I was attending a child aged six years for a slight attack of scarlet fever. At the end of a week the little patient was apparently well, though anemic. The mother was cautioned about the danger of allowing the child to be exposed in any way; but the caution was not heeded, and the child went in and out as usual. At the end of a fortnight the mother came to me, saying the child's face was swollen, and it was very sick and cross. On visiting, I found the usual train of symptoms of albuminuria, with dropsy. The skin was desquamating, and the child was excessively weak and anemic. I prescribed a purgative and an iron mixture, and ordered warm sponging and bathing. Three days after seeing the child in the above condition, I was suddenly called by its mother, as the child had been in a fit for an hour or more, and the convulsions were continuous. The child had one fit previously to this seizure, at 7 in the morning, which lasted about ten minutes. On my arrival, I found the patient in strong convulsions, perfectly insensible to all external impressions; and it appeared certain that life could not continue long under the present conditions. Another medical man saw the case previously to my visit, and, I presume, deemed it hopeless. There was no possibility of giving medicine by the mouth; and, not liking to trust to the slow absorption of rectal injec-

tion, I injected a solution of one twelfth of a grain of morphine with one one-hundred and-twentieth of a grain of atropine under the skin of the arm. In five minutes the convulsions had entirely ceased; the patient was sleeping quietly; the breathing was natural, and the skin was moist and warm. There were no more fits, and the patient was soon well and able to get about again. I may add that I gave the child a vapor-bath while I was preparing the solution for injection.—*S. Powell, M. D., in the British Medical Journal.*

TREATMENT OF PERI-UTERINE HEMATOCELE BY ELECTRO-PUNCTURE.—At the meeting of the French Association for the Advancement of Science, held at Grenoble, in August of the present year, a paper was presented by MM. Apóstoli and Doléris upon a new method of treatment of pelvic hematocele by negative galvano-puncture. A double advantage is claimed for this procedure. The first is that, if the negative pole be used, a soft, non-retractive eschar is formed and the resulting fistula remains patent for a sufficient length of time, while adhesions are formed between the pathological cavity and the mucous membrane. The second is that the electrical current causes a modification of nutrition and provokes a more or less rapid regressive action in the pathological formation. The puncture should be made as nearly as possible in the center of the tumor, care being taken to avoid the uterus, intestines, or a large vessel. In order to determine the relations of the parts, a careful rectal and vaginal examination should be made. The current should be of the strength of one hundred milliampères, and the duration of its application should be from five to ten minutes. The Léclanché element is the one preferred by the authors. The negative pole is a trochar of medium size protected by a glass or caoutchouc sheath, and the positive pole a large cake of clay molded over the abdomen or one of the thighs of the patient. Antiseptic precautions are used during the operation, and subsequently a strong solution of carbolic acid is injected twice a day into the vagina. The authors claim that, by the use of this method, a speedy cure of pelvic hematocele may be obtained, thus reducing very materially the gravity of prognosis. The operation should be performed at the earliest practical period. The danger of the procedure lies chiefly in the liability of wounding a large vessel and

giving rise to hemorrhage, but this can usually be avoided by a digital examination made to determine the situation of any pulsating arteries.—*Medical Record.*

THE TREATMENT OF PULMONARY CONSUMPTION.—*Hygienic Treatment.* Out-door exercise, good food, warm clothing; climate of paramount importance. The best climate, by far, is that found in Egypt; Algeria is a good place. In this country, New Mexico, Southern California, South Carolina, Thomasville in Georgia, Florida. Colorado, for some cases, is an excellent climate. Cases having a co-existing bronchitis do better in a damp and mild climate, as Florida, etc. The element of change is very useful. The Adirondacks is a fine place for those early cases in which there is no tendency to hemorrhage. Professor Da Costa does not care much for the "milk diet," but allows it in conjunction with other things. Give plenty of meats, and alcohol in moderation, especially in those cases free from fever. Mix it with ol. morrhue, to lessen the tendency to its abuse. Whisky and brandy are the best stimulants here. You need not interdict smoking.

Medicine. Ol. morrhue is of great utility by improving nutrition and also by affecting the tubercle. Do not use its substitutes, as glycerine, etc. Give one half fluid ounce per day, one hour after meals. To disguise it, and to promote its ready absorption, give from ten to fifteen minims of ether, but this sometimes causes belching. Mix it with equal amount of malt or whisky. When the appetite fails stop its use for a while. Do not permit the oil to be taken in hot weather. Next in importance is arsenic in small doses in the early stages; arsenious acid, one fortieth of a grain or three drops of Fowler's solution, *ter die*. In the late stages it will be of no avail. A third remedy is iodine; it should be more generally used; liq. iodi comp. one to three drops, *ter die*, with potassium iodide to alternate with it. When anemia is present, *and not much fever*, use iodide of iron. It is very valuable. Push it up to the point of tolerance. Begin with fifteen drops of the official syrup, and push up to one fluid dram *ter die*. Professor Da Costa does not like the hypophosphites. They have no special effect, as ol. morrhue and arsenic. Inhalations of sodium benzoate are of no use. Carbolic acid and tar by inhalation are of some avail.

Treatment of Special Symptoms. Entirely

too much is done for the symptoms. For cough we should give no expectorant, unless bronchitis exists. Since the cough is generally an irritative one, morphia must, in time, be given. Codeia, from one eighth to one fourth grain in simple elixir, often has a wonderful effect and does not constipate. Prussic acid or fluid extract of wild cherry is very useful at times. We may combine the acid with morphia. Inhalations of oil of eucalyptus give relief.

Night Sweats. Give atropia, one eightieth of a grain at bed-time. Sponge off the body with hot water to constrict the vessels. Infusion of sage at night. Mineral acids, especially sulphuric acid. Zinc oxide two grains *ter die*. Ergotin or fluid extract of ergot is better than morphia in some respects. It is more permanent and does not cause dryness. Give ergotin, two grains *ter die*, the last dose at bed-time.

Digestive System. The patient often has vomiting. Two excellent remedies may be given, as carbolic acid or creasote, one fourth of a grain four times per diem. Strychnia, one fiftieth of a grain *ter die*, is also of great value.

Diarrhea. Opium, bismuth, one scruple; copper sulphate, one twelfth of a grain, silver nitrate, one fourth of a grain, etc.

The Throat in Phthisis. It may be swollen, and the larynx the seat of ulcers, which may become tubercular. Drink demulcents, as Irish moss (3j to the O j).

Professor Da Costa has confidence in local applications of iodoform and cocaine. Let the patient eat his meals while the parts are under the effect of cocaine.

For irritative fever—

R. Quininae sulph, gr. jss.
Digitalis, gr. ss.
Opii, gr. ¼.
M. Sig. Three times a day.

Prof. J. M. Da Costa, in Col. Clin. Record.

NITROUS OXIDE AND OXYGEN AS AN ANESTHETIC IN LABOR.—The great advantages of nitrous oxide as an anesthetic have induced various observers to endeavor to find a method of administering the gas continuously, so as to keep up the anesthesia for a sufficient length of time for the performance of surgical operations. Paul Best, some years ago, made experiments with animals in a chamber of compressed air, a mixture of nitrous oxide and oxygen being inhaled. He found that anesthesia could be safely kept up for a long period; and he urged the construction of such chambers for oper-

ating on the human subject. Nothing of the kind, however, has, as far as we know, been attempted. In 1881, Dr. S. Klikovich, of Professor Botkin's clinic in St. Petersburg, made some experiments on himself with a mixture of nitrous oxide and oxygen, in the proportion of eighty to twenty, without any increase of atmospheric pressure, with a satisfactory result. He also used it for alleviating the pains of labor, and found it very successful and perfectly safe; the great objection to it being its expense, and the cumbersome nature of the required apparatus. Some months ago Prof. Zweifel, of Erlangen, erected the necessary apparatus for the supply of the mixed gases to the accouchement-ward of his obstetric clinic. He finds it best to administer the gases continuously during the latter part of labor, when the pains are most severe, not, as was practiced by Klikovich, merely giving the gases when signs of an approaching pain appeared. Though this treatment has been adopted in sixty cases, no retardation of the process was ever observed. The patients were generally semi-conscious; so that though they would answer if asked a question, they felt no pain, and were unaware when the child was born. In one case, where the woman screamed as a stitch was put in the perineum, she afterward declared she felt nothing. If this plan of administering nitrous oxide gas be really as satisfactory as Drs. Klikovich and Doederlein, in St. Petersburg and in Erlangen, have found it, surely there might be an apparatus constructed in some of our own lying-in hospitals. Probably, too, the mixed gases could be compressed into an iron bottle, and so made portable. If ever this plan should come into general use, the practitioner of the future, on being sent for to a midwifery case, will find himself obliged to carry, or get carried for him, very much more weighty impedimenta than the present pocket midwifery-case, or even than the most complete "obstetric bag." He will, however, have the satisfaction of knowing that he can really alleviate his patient's sufferings, instead of, as at present, having simply to look on, with folded hands, at agony which, being physiological, he can do nothing to relieve, at least, without running other risks, which, as a rule, he does not feel called upon to do.—*Brit. Med. Jour.*

NEPHROTOMY FOR TOTAL SUPPRESSION OF URINE.—The British Medical Journal says that Mr. Clement Lucas performed a

unique operation in Guy's Hospital on October 29th. A woman, from whom he had removed the right kidney for total destruction of its secreting structure by large calculi and hydronephrosis, about four months ago, and who had made a rapid and complete recovery, was suddenly seized with great pain in the left kidney, followed by vomiting, headache, and suppression of urine. She passed urine last on Sunday morning, October 25th, between 8 and 9 o'clock; and from that time till the operation on Thursday afternoon no urine passed, and vomiting was persistent. Her medical attendant, Mr. Atkins, of Sutton, correctly interpreting the meaning of her symptoms, placed himself in communication with Mr. Lucas, and the patient was brought to London on Wednesday, October 28th. It was thought that the effect of diuretics in flushing the kidney might yet be tried while the patient was watched. These proved of no avail, and on Thursday afternoon, the patient having become drowsy and much weaker, Mr. Lucas cut down on the remaining kidney, and removed from the pelvis a conical calculus measuring seven eighths of an inch by one half in its greater diameters. Total suppression had then lasted one hundred and two hours. A free flow of urine took place at once through the wound, and the patient was relieved of her vomiting and drowsiness. Five days after the operation she was doing well and feeling comfortable. Mr. Lucas's case of nephrectomy, performed on October 20th, healed without suppuration or fever. The patient sat up for the first time on the eighth day, and is now convalescent.

PNEUMATIC DIFFERENTIATION IN THE TREATMENT OF PHTHISIS.—Dr. Houghton furnishes a description of the pneumatic cabinet, and its use in the treatment of phthisis, to the Journal of the American Medical Association. He gives the history of several cases treated in this manner. He concludes:

1. Pneumatic differentiation is of undoubted service in all conditions of primary infiltration.

2. Where the febrile movement has been unchecked for many weeks before treatment, improvement, if any, will show itself within the first ten or twelve applications; if there is no abatement of symptoms its continuance is of questionable utility, and it may be absolutely contra-indicated.

3. That phthisical disease at the apices

is more favorably treated than when at the base of the lungs.

4. That it is possible by this means to more thoroughly medicate the lungs than by any other known method.

5. That the expansion of the lungs by differentiation is itself a therapeutic measure of great merit.

6. That peri- and inter-vesicular exudation is capable of cure by this method, and even third-stage phthisis is benefited, at least temporarily.

HYDRONAPHTHOL; A NEW ANTISEPTIC.—

In an article on the antiseptic properties of this new substance, Dr. George R. Fowler, of New York, gives the following history:

Hydronaphthol belongs to the phenol series, and bears the same relation to naphthyl, the hypothetical compound radical of naphthalin that carbolic acid does to the compound radical phenyl. Thus, carbolic acid was formerly regarded as the hydrated oxide of phenyl. Hydronaphthol, considered in the same way, would be a hydrated oxide of naphthyl. At the present time, however, these hypothetical compounds, phenyl and naphthyl, are considered as obsolete, and not capable of existing. In fact, carbolic acid is regarded as an oxide of benzol, or as a benzol in which one of the hydrogens is substituted by one hydroxyl (O H). Naphtol is obtained from the sodium naphtholate by decomposing it with hydrochloric or sulphuric acid; it is then purified by distillation.

Hydronaphthol is a derivative of the hydroxyl substitute of naphthalin, which latter of itself possesses antiseptic properties of sufficient value to have already excited notice and a desire to learn more of its compounds. The term "hydronaphthol," though perhaps not, strictly speaking, correct, yet conveys sufficiently well its character and relations to naphthalin, and at the same time is a convenient term for everyday use. It has been but recently discovered that it possesses antiseptic properties, and the claim is made that it is from ten to fifteen times more efficacious than carbolic acid. It is the most promising antiseptic of the phenol series, and, besides, possesses so many other advantages over substances now used for this purpose that it bids fair to supersede many of these. In surgical practice it will take the place, probably, of carbolic acid. Of the many new members of the phenol series which have been discovered since Calvert called attention to

carbolic acid about thirty years ago, and which have been utilized in the industrial arts, some are better antiseptics than the latter. With but one or two exceptions, however, none have obtained any prominence as germicidal agents. Carbolic acid, though a fairly reliable antiseptic in strong solutions, when so used, involves some risk to life, from its corrosive action upon animal tissues and well-known poisonous properties. In weak solutions it is exceedingly unreliable, and its disagreeable odor often hides that of putrefaction, instead of preventing the occurrence of the latter. On the other hand, hydronaphthol is non-irritant, non-poisonous, and non-corrosive; and, although only soluble in water to the extent of one part in one thousand, in this proportion is antiseptic. It has no odor to disguise that of putrefaction, nor is it decomposed or rendered inert by the products of putrefactive decomposition—such as sulphureted hydrogen, ammonia, etc. It is far more stable than carbolic acid, not being volatile at ordinary temperature. Its vapor, when volatilized for purposes of fumigation, has no obnoxious effect upon the organs of respiration. It will not injure, either in substance, solution, or vapor, colors or textile fabrics. Its sparing solubility in water is rather an advantage than otherwise, as mistakes in making solutions can not occur. A saturated solution is about of the strength of one to one thousand, and in this proportion it will perfectly preserve for an indefinite time animal tissues and fluids, and yet upon living tissues this solution produces no perceptible effect other than the formation of a very slight albuminate film—this latter to be considered rather an advantage than otherwise, inasmuch as it constitutes an additional security against infectious germs floating in the air. If for no other reason than that it is non-corrosive, and hence will not injure the polished surface and keen edge of cutting instruments, it is to be preferred to mercuric bichloride, and to the latter it is second only in antiseptic qualities. It has a slight aromatic taste and odor, and crystallizes in scale-like clinorhomboid laminæ of a silvery white or grayish hue. Although but sparingly soluble in water, it dissolves freely in alcohol, ether, chloroform, glycerine, benzole, and the fixed oils. It is not volatile at ordinary temperature, but begins to sublime at about 90° C. With the alkalies and the alkaline earths it forms compounds which are unstable, are readily decomposed by carbonic

acid, and of doubtful antiseptic value. It is easily powdered, and in this condition, triturated with carbonate of magnesia, silicates, such as fuller's earth, China clay, etc., in the proportion of two parts of the hydronaphthol to one hundred of either of the above named, can be dusted along the line of incision and over the mouths of drainage-tubes, in the latter application having an advantage over iodoform, now so commonly used for that purpose, in that it does not dry up the serum escaping from the wound cavity, and thus block up the exit extremity of the tube. Absorbent gauze, cotton, jute, wood-flour, sawdust, peat, moss, and paper-wool may be impregnated with it by immersing them in its alcoholic or benzole solution and then drying; the hydronaphthol crystals cling to these without the aid of stearin, paraffin, or resin, as in the case of carbolic acid. As it is not decomposed by the presence of organic matter, it possesses this advantage over corrosive sublimate in the preparation of surgical dressings. Its ten-per-cent alcoholic solution perfectly sterilizes silk, and sufficiently hardens and preserves, as well as sterilizes, catgut.—*New York Medical Journal*.

THE ANCIENT AND MODERN METHODS OF TREATING SMALLPOX IN INDIA. — A paper on this subject was read by Dr. Pringle at a recent meeting of the Society of Arts. The ancient method was inoculation, while the modern was vaccination. The details given by Dr. Pringle of the practice of the inoculation in India, were the result of continuous personal observation during the past twenty years, in the independent native state of Tirri Ghurwal, in the Himalayas. This territory was what might be termed the Himalayan portion of the Mesopotamia of the Northwest Provinces of India, or the country lying between the Ganges and the Jumna. Here it would appear that inoculation had been practiced from what might be termed time immemorial.

After giving the details of the operation, and showing some of the original inoculating instruments, and touching on the peculiar religious ceremonies observed, Dr. Pringle entered into full particulars of the benefits of this practice. These he compared with the effects of spontaneous smallpox in the plains at the foot of the Himalayas, where no inoculation was practiced. He drew attention to statistics compiled from the admission registers of the gaols in the

Northwest Provinces between the years 1861 and 1872. The total number of prisoners subjected to inquiry was 268,445; of this number, 85 per cent were visibly marked with smallpox, and 7.5 per cent were doubtfully marked cases, giving a total of 92.5 per cent of the adult population marked with smallpox. Dr. Pringle's experience, during the past twenty years, of the non-criminal portion of the community in the same locality was much the same.

In this home of inoculation in the Himalayas, the case was quite different, a smallpox marked adult being, comparatively speaking, rare. In accounting for this remarkable difference between the visible effects of spontaneous smallpox and those seen in the cases of inoculated smallpox in the Himalayas, Dr. Pringle remarked that, in his opinion, it would seem to be due to what he termed accidental cultivation of the product of the spontaneous smallpox eruption to a considerable extent on the lines of M. Pasteur's recent discoveries. This accidental cultivation consisted in the lymph being carried on through many transmissions till the cultivated product resembled in its action cowpox lymph, and only produced local symptoms at the point of insertion, or else, very rarely, a smallpox eruption.

In 1864, Dr. Pringle commenced the present system of voluntary vaccination in the Mesopotamia of the Ganges and Jumna, from fifty miles above their junction at Allahabad to their sources in the Himalayas. He commented on the points in which the practice of vaccination differed in India from that carried on in this country. These he summed up under the head of climatic causes, which, owing to the high temperature met with in the plains of Hindostan from April to October, limited the practice of vaccination to cold-weather months, namely, from the middle of October to the middle of March. Latterly, by retrovaccinating—that is, vaccinating a calf and taking the lymph from the eruption—Dr. Pringle had succeeded in making his sanitary circle, with its population of ten millions, and other circles of similar extent, independent of any supplies from the National Vaccine Establishment. The highest caste Brahmin inoculators, converted into vaccinators, operated on the calf while Brahmins held it, and other Brahmins brought their children for vaccination. The Maharajah of Tirri Ghurwal had been so satisfied with this prophylactic, that he not only

paid all the expenses attendant on it—about £50 a year—out of his own private purse, but had forbidden, under severe penalties, the practice of inoculation; while, in having his own son and heir vaccinated, he had set an example to his subjects which they had not been slow to follow. In comparing the two prophylactic measures, Dr. Pringle pointed out that, while the practice of inoculation no doubt kept up the disease of smallpox, and was dependent on its presence for the virus required for the operation, yet, even imperfectly as it was carried on, it was nevertheless a very great boon to the population, as it could be practiced throughout the year. The Himalayas would have been nearly depopulated had smallpox been allowed to sweep off the large percentage of the population, which it did annually in the plains, where religious observances requiring the promiscuous collection of cases of the disease at the “sutla,” or smallpox festivals, served only to spread the disease. The repetition of the inoculation, at any future period of life, was never thought of, and in this, it was, in his opinion, superior to vaccination in countries like India. Dr. Pringle discouraged revaccination in his circle, and made quality, and not quantity, the basis of his work, explaining to his subordinates that, if the former imparted the immunity claimed for it, the result would quickly be followed by the latter.

In concluding, Dr. Pringle illustrated the absolute necessity of carefully supervising any system of vaccination, both as regards the veracity of the returns submitted, and the quality of the work, with reference to the knowledge and skill of the operators.—*British Med. Journal.*

GELSEMIUM AND ITS REPUTED ANTIDOTES.—Dr. Emil G. Rehfuss, after a number of experiments on the lower animals, arrives at the following conclusions in reference to the power of the so-called antidotes to this drug (*Therapeutic Gazette*):

In the case of ammonia carbonate v. gelsemium, the results were not only negative, but we had increase not only in the number but also in the intensity of the convulsions, death being accelerated in every case.

In the case of alcohol, the convulsions were of a milder type, but a fatal issue resulted in every case.

The same negative results were noticed in using the above two reputed antidotes together and at the same time, with the exception that the onset of the convulsions were of

quite a mild nature; those occurring later were, however, very severe, ending in death.

Morphine retarded death somewhat, and considerably moderated the symptoms.

Atropine. The same may be said of this agent as of morphine, it, upon the whole, affording somewhat more satisfactory results, though it did not prevent death occurring.

I am led to conclude, from a careful study of this subject, based upon the results of my experiments, as well as on the collection of cases occurring in the human subject, that in treating a case of poisoning by gelsemium in the human subject an emetic may be given at the very onset. One should not stop here, as little reliance can be placed upon the efficacy of the same, it appearing by reading the cases recorded that emesis took place only in one case in which emetics were used. Owing to the easy obtainment of such stimulants as ammonia carbonate, brandy, and tinct. digitalis, etc., these should be resorted to at once. In addition, I would suggest the early and repeated use of small doses of atropine sulphate, given hypodermically to sustain respiration. Of course external use of sinapisms, rubbing, electricity, artificial respiration, etc., should be resorted to in every case.

M. PASTEUR ON HYDROPHOBIA.—At a recent meeting of the Academy of Sciences M. Pasteur stated that some time ago he had succeeded in rendering proof against rabies some sixteen out of every twenty dogs experimented upon; but to ascertain that immunity had really been given, he had to wait four months after the inoculation had taken effect. He therefore set himself to obtain virus of different degrees of strength, with the object of obtaining prompter and more certain results. This was effected by the following means.

A rabbit was inoculated with a fragment of tissue taken from the spine of a rabid dog. The incubation of the poison occupied fifteen days. As soon as the rabbit was dead, a portion of its spinal marrow was in turn inoculated into a second rabbit, and so on until sixty rabbits had been inoculated. At each successive inoculation the virus became of increased potency, and the last period was not more than seven days. Having ascertained that exposure to dried air diminishes the virus, and consequently reduces its force, M. Pasteur supplied himself with a series of bottles containing dried air. In these bottles were placed portions of the inoculated spinal marrow of succes-

sive dates, the oldest being the least virulent, and the latest the most so. For an operation, M. Pasteur begins by inoculating his subject with the oldest tissue, and finishes by injecting a piece dating from two days only, whose period of incubation would not exceed one week. The subject is then found to be absolutely proof against the disease.

At the beginning of July, a young Alsatian, named Joseph Meister, who had been severely bitten in several places by an undoubtedly rabid dog, presented himself at the laboratory. His case, left to itself, being considered hopeless by M. Pasteur, Professor Vulpian, and other high authorities, the patient was submitted to the same series of inoculations that had been so successful on dogs. As a proof, a series of rabbits were simultaneously subjected to the identical processes. In ten days thirteen inoculations were made with pieces of spinal marrow containing virus of constantly-increasing strength, the last being from the spine of a rabbit which had died only the day before. The youth thus operated upon by the successive administrations of weaker virus was made proof against the virus of the intensest strength. It is now one hundred days since he underwent the last inoculation, and he is in perfect health. Those rabbits, on the contrary, which were at once inoculated with the strong virus, without first being rendered fit to receive it, became affected within the proper incubation period, and died with the usual symptoms. The first inoculation practiced upon Meister was sixty hours after he had been bitten. M. Pasteur has, at the present moment, another human patient under treatment who was bitten a few days ago by a mad dog.

M. Pasteur said it would now be necessary to provide an establishment where rabbits might always be kept inoculated with the disease. In this way there would constantly be a supply of spinal tissues, of both old and recent inoculation, ready for use. Before the sitting was adjourned M. Pasteur received an enthusiastic ovation from both the Academy and the public present. *British Medical Journal.*

CASE OF HEMORRHAGE INTO THE SPINAL CORD.—At a meeting of the Manchester Medical Society (*British Medical Journal*), Dr. Dreschfeld showed a patient, a man, aged twenty-three, who, while in a state of intoxication, jumped into the canal, but was immediately after taken out of the water and

found to be completely paralyzed. Two days afterward he was brought to the Manchester Infirmary, and it was then found that there was total paralysis of the left lower and left upper extremity, and almost total paralysis of the right extremities; the lumbar and dorsal muscles were also paralyzed, and the intercostals; the diaphragm acted freely. There was also complete anesthesia of the right lower and upper extremity, and left half of the abdomen and thorax, and the anesthetic part was bounded above by a line of hyperesthesia on the right side, to which a line of anesthesia on the left side corresponded. The anesthetic right side showed also analgesia, loss of the muscular sense, and of the sense for temperatures. The left half of the body showed some amount of anesthesia. The pupils were equal, and contracted to light and accommodation; there was no diminution of the left palpebral fissure, and no difference of the temperature on the two sides of the face. The bladder and rectum showed already signs of paralysis. The deep reflexes were absent, likewise the superficial ones, with the exception of the plantar reflex. A few days after admission the bladder became quite paralyzed, and the urine alkaline; bed-sores formed, and the left pupil showed some slight diminution when compared with the right. A fortnight after admission, however, the patient began to improve, and had now made a rapid progress toward recovery. The right half of the body had recovered power, and the anesthesia was now limited to the right leg and thigh; the left leg had also recovered much of its power, so that the patient could walk, etc.; the left upper extremity showed still marked paralysis and atrophy, not only in the muscles of shoulder, but also in those of the arm, forearm, and hand. The left pupil was still smaller than the right, and the intercostals of the right side still showed signs of paralysis. The anesthesia had disappeared from the left side, with the exception of a small strip over the radial side of the forearm. The tendon-reflexes of both upper and lower extremities were now markedly exaggerated, showing descending sclerosis. The bladder and rectum had regained their power. The onset, the localization of the peculiar symptoms, and the progress of the case showed it to be one of hematomyelia, the lesion affecting both the anterior and the posterior gray matter, and occupying the lower portion of the cervical region of the spinal cord,

corresponding to the fifth, sixth, seventh, and probably eighth cervical nerves; some of the symptoms were due to the accompanying myelitic changes, while the condition of the lower extremities showed descending sclerosis on both sides.

RESORCINE IN GONORRHEA.—Dr. A. J. Munnich (*Deutsche Medicinal-Zeitung*) has treated a number of cases of gonorrhea in the following manner:

The patients are instructed to drink as much water or milk as possible, so as to be able to pass water and wash the pus from the urethra before each injection. Then, every two hours during the day, and at least twice during the night, an injection is made of a syringeful of a three-per-cent solution of resorcine, the fluid being allowed to flow away immediately. On the fourth or fifth day the secretion will be much reduced, and it will be necessary to practice the injections but three or four times during the day and once at night. Treatment should be continued for about a fortnight. Dr. Letzel has also used resorcine with success in upward of fifty cases. In some the treatment had to be discontinued by reason of the irritation to the urethra caused by the drug, but in about eighty-five per cent the result was most satisfactory. It is necessary to take great care as to the quality of the drug used. Chemically pure resorcine is snow-white.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from November 15, 1885, to November 21, 1885:

Major Anthony Heger, Surgeon, member of the army medical examining board now in session in New York City, is relieved from the additional duty of attending surgeon in that city, to take effect when Lieutenant-Colonel Jos. R. Smith, Surgeon, shall have arrived in New York and entered upon that duty. (S. O. 267, A. G. O., November 19, 1885.) *Captain F. W. Elbrey*, Assistant Surgeon, sick leave of absence further extended six months on surgeon's certificate of disability. (S. O. 263, A. G. O., November 14, 1885.) *Captain Norton Strong*, Assistant Surgeon, relieved from duty at Fort Union, New Mexico, and ordered for duty as attending surgeon, headquarters district of New Mexico, and post surgeon, Fort Marcy, New Mexico. (S. O. 171, Dept. Missouri, November 16, 1885.) *First Lieutenant C. B. Ewing*, Assistant Surgeon, now at Fort Leavenworth, Kansas, ordered to proceed to Fort Reno, Indian Territory, and report to commanding officer for temporary duty in the field. (S. O. 170, Dept. Missouri, November 13, 1885.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, DECEMBER 5, 1885.

Original.

MORBUS ADDISONII.*

BY J. W. IRWIN, M. D.

Mr. X, aged sixty-two years, of American birth, a merchant and manufacturer by occupation, was seen for the first time on the 28th of June, 1885. As he entered the consultation-room his gait was unsteady, his voice was tremulous, and he panted for breath. His face, neck, and hands were of a chocolate color, while the finger-nails and palms were slightly paler than normal. His eyes were pearly-white and suffused. His sight was so much impaired that, even with the aid of spectacles, he was unable to read a sign fifty feet in the distance, the letters of which were fully two inches in diameter. He complained of loss of strength and shortness of breath, and on the slightest exertion, paroxysms of cough without expectoration. Of late he had been having attacks of headache and constant hyperesthesia of the scalp over the seat of pain. During the past few months he had been feeling quite drowsy, and when not engaged in conversation would fall into a heavy sleep. For several years past he had been troubled with acidity of the stomach, and lately loss of appetite. At times during the past year his hands became so jerky and tremulous that he could not use the pen, and within the last few months this trouble has been increasing. His sleep was unrefreshing and often attended by troubled dreams. In the night, soon after going to bed and falling asleep, a singular hallucination would befall him, which was, that he had two throats; but this phenomenon would soon afterward pass away as his sleep became more sound. The parts of the body not exposed were of a brownish-yellow color and his skin was dry and slightly wrinkled.

The abdomen was enlarged and tympanitic. The hepatic dullness was found to be increased, but the liver was smooth on the surface and not tender under pressure. The splenic dullness was also somewhat increased. The heart and lungs did not show any sign of disease. There was not much loss of flesh. The temperature in the axilla was 96.6° F. Respiration was forty-five to the minute and very shallow. Pulse seventy per minute and easily compressed. The bowels were opened regularly, but the feces were of a light gray color.* Mild cholagogues were given, and the color of the skin and that of the feces improved. Food, easy of digestion and of the most nutritious kind, together with alteratives and tonics were prescribed for the patient, and during the first week thereafter the appetite and digestion improved, but his strength rather diminished. At the end of this time, in consequence of a sleepless night caused by anxiety, his appetite failed and he soon became much weaker. He was now obliged to remain in bed the greater part of the time. His respiration increased in frequency, and often after turning over in bed was as high as sixty per minute. The drowsiness became more marked and he grew more feeble until the 29th day of September following, when, all of his forces being completely exhausted, he died.

During the last four or five weeks preceding his death he suffered no pain. His stomach toward the last became quite irritable, and he had a few attacks of vomiting, but liquid food was generally well borne, and of this he took a moderate supply and some stimulants. He had very little fever at any time. Twice only did the thermometer indicate 101° F., and this temperature lasted but for a few hours at a time, but it generally ranged from 96° to 98° F. The medication throughout consisted of alteratives and tonics, which was found to be very un-

*Read at a meeting of the Louisville Medico-Chirurgical Society, November 13, 1885.

*Kidneys were healthy.

satisfactory, as it did not appear to influence in any way the course of the disease.

His early history showed that at the age of twenty-five it was thought he would fall a victim to consumption, having probably inherited the disease, and had several hemorrhages, but out-door life, conjoined with the use of cod-liver oil and whisky, proved a healing power for him, and he became quite strong. His health remained good until a few years ago, at which time he was exposed to much dampness at his place of business in consequence of the great flood in the Ohio, when he had a severe attack of malarial fever. He had two sons and one daughter, who died of consumption before the age of twenty-two years.

Having thus given a brief account of a case of Addison's disease, it is not my purpose in the few remarks that I have to make to offer any thing new or hypothetical, but merely to add one more to the list which goes to show that tuberculosis is the chief cause of this incurable affection. The changes which take place in the supra-renal capsules and trophic nerve ganglia have been found by careful observers to present macroscopically and microscopically all of the characteristic appearances of tuberculosis. The morbid anatomy and specific history in nearly every instance agree. In the history of the case just reported I believe to this rule we have no exception. It is to be regretted that an autopsy could not have been obtained. A better name, and one not so liable to render the pathology of the disease so obscure, would be tuberculosis of the ganglionic nervous system.

LOUISVILLE, KY.

TUBEROULAR MENINGITIS.

REPORT OF A CASE—RECOVERY.

BY JAMES WEIR, M. D.

A short time since one of our morning papers had a lengthy account of two remarkable cases of hystero-epilepsy, evidently dictated by the doctor in charge. These children "barked like a dog," stood on their heads, and did a thousand and one odd and uncanny antics. The report was evidently an advertisement and the writer a romancist of the Baron Munchausen type. One of the children died some weeks after the first manifestations of disease, and the other soon after came under my care. The following is the history of the case:

When I saw the boy and noticed the peculiar expression of his eyes, I was irresistibly reminded of a case of like nature which I had seen with Prof. Janeway, in 1879, in Bellevue Hospital. I hardly needed the history of the case, as detailed by the mother, to formulate my diagnosis. The peculiar cry, the look, complexion and all, pointed to meningeal trouble. All who have seen meningitis, especially basilar meningitis, know the picture that met my eyes. I made a most careful examination, and by exclusion ruled out typhoid fever, malaria, cerebro-spinal meningitis, spinal irritation, myelitis, etc. The boy had been ill twelve weeks when I was called in (September 24th). His mother told me that five or six of his uncles and aunts on her side and his father's side had died of phthisis. I diagnosed the case tubercular meningitis, and told the mother that I could give her but very little hope. He had one chance in a hundred (I might have said one chance in ten thousand) of getting well. To make assurance doubly sure I took Dr. Henry Pusey to see the case, who agreed with me in my diagnosis; also Drs. Henderson and Higginbotham. Dr. Higginbotham has been with me during the treatment of the case, and I must here thank him for his very valuable counsel and assistance. In this boy's case the four stages, as defined by Whytt, were well marked, if the history as detailed to me by the mother can be relied upon. The first, or prodromatic stage, was scarcely noticeable. The second stage, or stage of excitement, was well marked. The third stage, or stage of depression (at which period I was called in), was peculiarly typhoid in its general symptoms. The fourth stage, or stage of recurrence, lasted only five days. In 1879 I was fortunate enough to see several cases of tubercular cerebral meningitis with Prof. Janeway. I am certain that I can not be mistaken in my diagnosis. For if tubercular meningitis, as described by Robin, Bouchut, Whytt, Hammond, and other authors is tubercular meningitis, this boy was most emphatically afflicted with this disease. The hydrocephalic cry, the *tache cérébrale* (cerebral stain) of Trousseau, the dicrotic pulse, the irregular respiration, etc., were all present.

I followed the practice of Niemeyer (Dr. Higginbotham agreeing) and put the patient on iodide and the bicarbonate of potassium. His diet was that which is so heartily recommended by S. Weir Mitchell, and which I have found to be so efficacious in almost

every trouble of the nervous system, that I direct nothing else—milk, skimmed milk. In the stage of depression a small amount of whisky was given. During convalescence a pill of quinine and strychnine was administered, but discontinued after a few days, as we found that it unduly excited the patient. The boy is now well, and will probably live until pulmonary consumption or some intercurrent malady “cuts the frail thread that binds together the present and the everlasting.” If an autopsy be then held upon him, the basilar meninges will be found to be thickened several lines and the structure of the membrane radically changed. This is a conjecture which in some future day may be verified. The boy was under my charge during the space of four weeks. Altogether his illness lasted sixteen weeks.

LOUISVILLE, KY.

Miscellany.

A NEW THEORY OF MENSTRUATION.—The London Medical Times, June 20th, says that Dr. Loewenthal, of Geneva, publishes in the *Archiv. für Gynäkologie* a very long paper, in which he propounds a new theory of menstruation. His propositions are the following:

1. The periodical bleeding from the female genitals is not the consequence of (though mostly coincident with) the bursting of a Graafian follicle; but that of the disintegration—independent of, and preceding the bursting of the follicle—of the uterine decidua.

2. The production of the menstrual decidua is the result of the embedding in the uterine mucosa of the ovum, unimpregnated, which was last discharged from the ovary.

3. If the ovum be fertilized, the menstrual decidua continues to develop, and forms the decidua of pregnancy; if the ovum be not fertilized, it dies, and in consequence of its death, the decidua breaks down.

4. The bursting of the follicle and the menstrual hemorrhage have no other connection except that the conditions which cause and accompany the bleeding may determine the moment at which a ripe follicle bursts.

5. The connection between the bursting of the follicle and menstruation is not a necessary one. Each may occur indepen-

dently of the other. A follicle may burst without the formation of a menstrual decidua; and the hemorrhage, being the result of changes determined by the ovum last discharged, may occur without the bursting of a fresh follicle.

6. The periodicity of menstruation is dependent upon the duration of the extra-follicular life of the embedded but unimpregnated ovum. The deviations from periodicity depend upon the shortening or absence of this extra-follicular life.

7. Pregnancy takes places in an ovum which has been discharged from its follicle, generally at the last menstruation, and is in normal cases in the uterus, but in abnormal cases may be outside it. From this theory the author draws the following practical conclusions:

8. That the menstrual bleeding is neither a physiological function nor an accompaniment of one; but is a consequence, made habitual by innumerable repetitions, of a state of things artificially produced, viz., the non-impregnation and death of the egg; it has all the peculiarities and effects of other undoubtedly pathological hemorrhages.

9. It is increased and diminished by the same causes as other hemorrhages.

10. The hemorrhage accompanying the discharge of the menstrual decidua is to be regarded as harmless only if it takes place by diapedesis; if it is more active than this it is unnecessary, and if felt by the organism as a loss it is hurtful.

11. The degree of its injurious effect depends upon the relation between the amount of blood lost and the quantity and quality of the blood present in the body at the time.

12. In these conditions the indication is to check the menstrual bleeding, like any other, as much as possible.

13. For this purpose the means chiefly to be recommended are rest in bed and hot water injections.

14. On the other hand, idiopathic amenorrhea should in no circumstances be regarded or treated as a disease; it is only a sign that a function (ovulation) which is not necessary to life is, from some cause, not being fulfilled.

15. It follows from the author's theory, and from the observations of Mr. Lawson Tait, that in cases in which the anticipation of the menopause is indicated, salpingotomy, that is, partial resection of both tubes, should be performed instead of castration.

16. If for any reason castration has been

attempted, and it is found impossible to remove the ovaries completely, salpingotomy is directly called for.

Dr. Loewenthal's theory, and the reasoning by which he supports it, is certainly ingenious, whether it be correct or not, and for that reason we quote his paper.—*Medical and Surgical Reporter*.

NERVE-STRETCHING.—The foreign correspondent of the St. Louis Courier of Medicine says it is very improbable that during the next winter session the question of nerve-stretching will again be brought before the profession. Since the introduction of the operation, in 1872, at least twenty-three deaths have been recorded as resulting therefrom. The first operation of the kind was performed by Professor Nussbaum, of Munich, who stretched the brachial plexus for spasmodic contraction of the pectoralis major and flexor muscles of the left forearm of a soldier. There was also anesthesia on the dorsal aspect of the left arm. The operation was eminently successful. No spasm returned, the forearm and fingers could be flexed and extended at will, and sensation was restored. In 1875 Mr. Callender stretched the median nerve in a lad for a painful and ill-nourished condition of a stump following an amputation at the wrist. This operation was also followed by relief. When reporting the case in the *Lancet*, Mr. Callender asked the question: "Is the cure permanent?" and added, "the experiences of the operation from the few cases in which it has been practiced are too recent to enable us to reply to this question." We have now a sufficient number of cases before us to warrant us in reviewing and again considering the whole subject. It would appear from experiments upon the lower animals and from the results on human beings that stretching the sciatic nerve at least is often followed by serious myelitis of the spinal cord, and such myelitis is often fatal.

In the *Archives de Neurologie* for July an account is given of the changes produced in the spinal cord by stretching the sciatic nerve. The experiments were made upon rabbits. It was found that the central canal of the cord became distended with plastic exudation, and that there was congestion and capillary hemorrhage into the gray matter, especially in the posterior cornua. There was also proliferation of the nuclei of the neuroglia, and an increase of the connective tissue in the posterior cornu of

the side operated on, with a disappearance of the nerve tubules. A new network of connective tissue begins to be formed about seven days after the operation, and in a month's time there is decided atrophy of the posterior horn on the operated side. There is also thinning of the intra-medullary part of the posterior roots. The nerve cells in the anterior cornu on the operated side are less numerous and show signs of degeneration, and some of them actually disappear. These morbid signs are more obvious in the lumbar swelling of the cord, and they tend to disappear toward the dorsal region.

This being the case, the question arises whether it is justifiable to stretch the sciatic nerve for an affection such as sciatica. The lives of patients suffering from sciatica are not in danger, and nerve-stretching is not a certain cure, therefore we should hesitate before performing an operation which might possibly not be successful and which certainly would endanger life. Such considerations, though apparently trifling, are of great consequence to patients, as it is important that they should be assured that though an operation may fail, their lives will not be jeopardized. The same argument does not hold good for nerve-stretching in tetanus; for tetanus is pre-eminently a fatal disease, and a sufficient number of recoveries have followed stretching of the nerve in the injured limb to justify us in recognizing it as a legitimate mode of treatment. Most of the fatal cases of nerve-stretching recorded have followed stretching of the sciatic nerve. Anatomy shows that the cord is not so well supplied with blood in its lower part as elsewhere. This may perhaps explain why it is less able to recover from any serious injury to its lumbar enlargement.

NUTRITION AND GROWTH IN CONNECTION WITH PULMONARY PHTHISIS.—Dr. James, in an article on the above subject, concludes as follows (*Edinburgh Medical Journal*):

1. That phthisis tends to occur when the assimilative power fails, as indicated by the occurrence of it, or tubercle in the lungs, intestine, and brain at different ages, and that the development of the reproductive function, the disappearance of enlarged cervical lymphatic glands, and the growth of hair indicate a lessened activity in the vital processes in adult life as compared with early years.

2. On the general principle of the connection between supply and demand, we

may suppose that this assimilative power is to a greater or less extent dependent on functional activity of the part. This seems borne out by the fact, that in tall people with large lungs and with proportionately less demand for vital activity (*i. e.*, less loss of heat) phthisis is common, and also by the fact that as age advances the natural tendency to emphysema, by increasing the functional activity of the lungs, seems to render them less liable to phthisis.

3. This assimilative power, though in part dependent on functional activity, is *innate* as regards the individual. Of this we have evidence in the different sizes to which individuals grow, the functional activity being the same, and in the varying proneness to phthisis in individuals, the surroundings being the same.

ARTIFICIAL NIPPLES.—An argument against the use of artificial nipples, from an esthetic stand-point, is advanced by Dr. Parvin. Supposing, as claimed by some evolutionists, that the infant receives its first impressions and ideas of the beautiful in nature from its familiarity with the wavy outlines and beautiful contour of its mother's breast, with which its little face and hands are so constantly in contact in the act of nursing, we can conceive how the artificial substitute of a rubber shield or the nipple of a nursing-bottle would fail to convey these impressions. The professor thinks there is food for thought in this suggestion. *Medical and Surgical Reporter.*

A PROMINENT PRACTITIONER SUED.—Dr. A. E. M. Purdy, a prominent practitioner in New York City has recently been sued, and a judgment for five hundred dollars obtained by a patient whom he caused to be sent to the eruptive hospital, suffering from what the doctor diagnosed smallpox. The patient was sick only a short time, and on being discharged sued the physician for ten thousand dollars, claiming that the diagnosis was incorrect and that the disease was simply a dermatitis due to a preparation containing acetic acid coming in contact with the face.

TUBERCULAR CONSUMPTION—IS IT EVER HEREDITARY?—In a paper read before the New York State Medical Association on this subject (Boston Medical and Surgical Journal), Dr. H. D. Didama concludes:

1. That tuberculous disease is not inherited.

2. That if a special tendency to the disease be transmitted, the term liability better expressed the idea than the term tendency.

3. Many conditions, as poor and insufficient food, damp and impure air, stinted sunlight, and certain occupations, favored the development of the disease.

4. Two conditions are almost indispensable, abundance of bacilli and an inviting asylum for their development, whether it be an inherited or an acquired vincibility.

THE TREATMENT OF NIGHT-SWEATS.—Good results have been obtained in the treatment of the night-sweats of non-phthisical patients in the following manner: Two drams of chloral are dissolved in two tumblersful of a mixture of equal parts of brandy and water. The patient is bathed each evening with this solution, or night-clothing saturated with a solution and then dried is worn.

At the meeting of the New York State Medical Association, held at the Murray Hill Hotel, New York City November 17th, 18th, 19th, and 20th, the following officers were elected: President, Dr. E. M. Moore; Vice-Presidents, Dr. Wm. Gillis, Dr. H. C. Van Zandt, Dr. F. Hyde, and Dr. D. Guernsey; Recording Secretary, Dr. Caleb Green; Corresponding Secretary, Dr. E. D. Ferguson; Treasurer, Dr. J. H. Hinton.

POISONED BY WILD PARSNIPS.—Three children at Shenandoah, two girls and a boy, aged ten, eight, and four years, recently found and ate wild parsnips, and all were poisoned, the boy so seriously that for a time his life was despaired of.

HYPODERMIC injections of strychnine are recommended in cases of diphtheritic paralysis when iron tonics and constructive treatment seem of no avail.

DR. WILLIAM FROTHINGHAM, a prominent physician of New York City, was killed, November 18th, by the accidental discharge of a pistol.

THE National Conference of State Boards of Health will meet in Washington at the same time as the American Public Health Association.

DR. T. ADDIS EMMET, of New York City, has been elected an honorary fellow of the Academy of Medicine in Ireland.

The Louisville Medical News.

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THE HEAT OF FEVER.

In the presidential address before the Medical Society of London on the 19th of October, Dr. Miller Ord, President of the Society, presented some exceedingly interesting views upon the origin of the heat of fever; some curious experiments were related by Dr. Ord in the course of his remarks, made by him upon the temperature of growing cucumbers with a view of elucidating the subject under consideration. His theory of fever is that in health heat is used up in the process of tissue-building, that whenever disease attacks the system, and tissue-building is arrested, the heat continues to be formed as before but appears as fever. Not being able to find in the animal economy any facts to throw light on his theory, the doctor bethought himself to find them in the growth of plants. With this object, he tested the heat of growing cucumbers at different points from the stem to the blossom end of the fruit, by means of a very delicate thermometer. These readings he compared with the temperature of the hot-house in which he made his experiments as shown by a bottle of water alongside the fruit. The result was that a difference in

temperature of about one degree was found between the stem and the blossom end of the cucumber; that of the stem end being invariably the lowest, and the average from two to three degrees below the temperature of the conservatory as evidenced by the bottle of water.

Dr. Ord says that the air of the hot-house was loaded with moisture, and moisture was deposited in beads on the surface of the fruit; and that these facts oppose an explanation of the phenomena by the hypothesis of evaporation. Further, he would urge that the difference in the temperature of the fruit at various points in its length is against evaporation. For our part, however, we are not able to see that either circumstance is against evaporation; but rather both in favor of it. If the cucumber had been under water the processes of circulation would have produced a certain amount of transpiration. This occurring in even very dense moisture would have naturally resulted in lowering the temperature; and as the water is supplied to the cucumber from the stem, the lowering would have been progressive toward the opposite end.

The subject, however, is one of surpassing interest, and one feels it almost a reproach that so many hundreds of thousands of men have been brought to face the fact only to leave it almost as obscure as ever.

We think Dr. Ord is mistaken in the view that heat is stored away in the system in tissue-building or the metabolisms of the body; for this reason, that none of the tissues thus formed upon combustion yield an excess of energy over the tissues out of which they are formed. In the vegetable kingdom alone occurs the storing of potential energy. Having contemplated the subject for many years, we are disposed to present our views upon the subject, although still very crude and unsatisfactory.

First the granules of protoplasm in the blood, or in their larger form of leucocytes, are the universal caterers of the system. That they transform and prepare all pabulum that goes to the tissues; and that when

the tissues, by any injury or by any natural change, are made foreign material, the ameboid substance of the blood seizes and digests them, appropriating such portions as are fit to be used again for purposes of nutrition, and giving up the rest to be oxidized for the production of heat.

That the cells of the system have each their life period, and that while they retain their vitality they are free from attacks from ameboid protoplasm, probably by reason of their electric or magnetic condition.

That when fatal injuries, old age, or decay, overtake the cells, they are then subject to such disposition. That old age of the cells can be hastened by fever and possibly by starvation of the body, or much exercise. That the duration of the life-period of the cells determines mainly the regularity of the heat of the system.

That the excessive destruction of the cells of the system, from whatever cause, leads to their being devoured by the leucocytes and the ameboid protoplasmic granules, their subsequent oxidation and the production of fever.

That the nerves may influence fever by withdrawing their influence from tissues, thus rendering them foreign substances, by such interference as will reduce the conducting power of the tissues as regards the countless electric currents that traverse them, causing them thus to present greater resistance to such currents, and evolving thereby a greater degree of heat; which heat, however, must be primarily due to oxidation of tissues.

That quinine, antipyrine, thalline, carbazotone, and all that class of agents lower fever by acting as protoplasmic poisons, benumbing the leucocytes and leucocyte substance in the blood, thus preventing them from disintegrating the crippled tissue cells and supplying extra material for the production of fever.

The subject is one of infinite complexity, and we do not present these as conclusions, but merely as our share of suggestions for

the direction of inquiry in one of the most interesting and difficult departments of knowledge. s.

FEMALE PHYSICIANS AND INSANITY.

It appears from the census that in the year 1881 there were twenty-five women practicing medicine in England, and it is believed the number has increased from that time. From 1880 to 1884, eight had been placed in lunatic asylums, and at the close of last year three were under treatment.

The above appears in the New York Medical Journal, credited to the *Lyon Medical*, with the comment that these statistics show the disastrous effects of medical studies on the intellectual faculties of women. It may well be questioned, however, whether women who enter upon the practice of medicine are not subjected to other untoward influences beside those which result from the medical studies alone.

Female physicians are, as yet, but pioneers engaged in the task of hewing out for themselves a sphere to occupy.

They find on every hand rooted prejudices; they are subjects of criticism and objects of curiosity, and meet with experiences at every turn to keep alive self-feeling and anxiety. If the position of female physicians were an assured and acknowledged one, there is little reason to believe that insanity would result from medical studies with any greater frequency than from other studies involving an equal amount of intellectual effort.

In America, where there is less of conservatism than in England, it has not transpired that there is found a notably greater amount of insanity among female than male physicians.

THE Cincinnati Medical Journal reports the case of a man who, having partially recovered from hemiplegia, was struck by lightning, and almost immediately regained complete power over the paralyzed side.

Bibliography.

Acne: Its Etiology, Pathology, and Treatment.

A Practical Treatise based on the Study of one thousand five hundred cases of Sebaceous Disease. By L. DUNCAN BULKLEY, A. M., M. D., Physician to the New York Skin and Cancer Hospital; attending Physician for Skin and Venereal Diseases at the New York Hospital, Out-patient Department, etc. 8vo, pp. x-280. \$2.00. New York: G. P. Putnam's Sons. The Knickerbocker Press. 1885.

This attractive book is a creditable addition of the author to the many able contributions already made by him to the literature of diseases of the skin. Dr. Duhring brings to the subject an amount of experience and study surpassed by few, and possesses the happy gift of presenting his views in an attractive style. From the statistics presented it appears that acne occurs in about ten per cent of all cases of skin diseases that come under treatment; and what at first blush seems curious is that the per cent is greatest among the higher classes and among women.

This seeming anomaly disappears, however, when it is considered that as acne is often merely a disfigurement which males and the poor submit to while the women and the rich seek relief.

The author in his statistics, as to some extent also in his views, bears out the popular idea that acne is mostly a disease of the unmarried, but suggests that here also the married may be less careful of treatment and that advancing age gives relief, whether in the married or single. Appended to the book is an extensive selection of formulæ, and an exhaustive bibliography.

D. T. S.

Letters from a Mother to a Mother on the Formation, Growth, and Care of the Teeth.

By MRS. M. W. J., the wife of a dentist, Honorary Member of the Southern Dental Association, etc. Welch Dental Co., No. 1413 Filbert St., Philadelphia.

This little book is full of valuable information upon the subject of dentition in children; the author has avoided technicalities as far as possible, and thus the book, as is intended, is easily understood by the average reader. The suggestions as to the proper articles of diet for the pregnant mother is timely, and should be studied and heeded by all women who are bearing children, for by following those suggestions, viz., taking food that is rich in lime salts,

their offspring would have not only better teeth but also better bones, and thus many cases of rachitis might be prevented. (To this latter point the practical medical man might read the book with profit.) We heartily commend the book to all mothers as a guide to the proper care of their children's teeth.

R. B. G.

The Sanitary Relief of New Orleans. A paper read before the Medical and Surgical Association, October 31, 1885. By Joseph Holt, M. D., President Board of Health, State of Louisiana. Reprinted from New Orleans Medical and Surgical Journal.

Correspondence.

Editors Louisville Medical News:

On May 11, 1881, I was summoned to visit Mrs. T., an intelligent, vivacious widow, aged fifty-nine years. She stated that she was suffering from an attack similar to some she had experienced previously, and in one of which her physician had despaired of saving her life. She had violent paroxysms of pain under the false ribs on the right side. These pains would occasionally dart toward the stomach and give rise to nausea. The skin was cool, the pulse slow; the agonizing pain gave rise to cold perspirations, the eyes were slightly yellowed, and I diagnosed the case to be one of biliary calculus on the way from the gall-bladder to the small intestine.

Hypodermic injections of morphia, followed by half-grain powders of the same, gave speedier relief than ether or chloroform. This state of things, with intervals of slight pain, continued for ten days. I gave calomel, sweet-oil, etc., without benefit. The use of olive-oil gave rise to stools containing fatty concretions, which the nurse mistook for gall-stones. May 22d, symptoms of peritonitis appeared. The abdomen on the right side was tympanitic and tender and the pulse got quicker and weaker. May 24th, a messenger said my patient was dying. I found her taking a most pathetic farewell of her friends. Her mind was clear but she suffered intense pain. The abdomen was tympanitic in every part, but not so tender as I have seen it. The pulse was thready, intermittent, beating one hundred and thirty a minute.

I injected hypodermically one fourth of

a grain sulphate of morphia, with no hope but to give her a more painless demise.

She became easier, dozed a little, and eight hours after, at midnight, the pulse, when it could be counted at the wrist, was one hundred and fifty, often it could only be perceived at the elbow. Respiration was shallow, seven or eight to the minute, body cold; there was no pain, and the mind was clear. I regarded the patient as moribund and went home. Toward morning, however, she revived, called for wine and gruel, and in three or four days could sit up in bed.

On June 12th, while at stool, she heard something clink as it fell into the vessel, and, upon examination, found three gallstones, each about the size of a hazelnut, with smooth facets.

I suppose they had perforated the gallduct, caused adhesion of the intestine by peritonitis, penetrated the intestines and so were voided at stool. My patient is still alive and well.

LEVI CHASE, M. D.

IRVING, KAS., Nov. 25th.

Translations.*

TENDON GRAFTING.—MM. Assaki and Fargin presented the results of their experimental researches on the grafting and regeneration of tendons. In their experiments on animals, these authors have transplanted portions of tendons among animals of different species; from sheep to rabbits, from dogs to rabbits, and from rabbits to dogs. These grafts have united by first intention. Seeking to extend their experiments they have grafted the tendons of birds upon mammalia, chick to rabbit, turkey to rabbit, duck to rabbit, rabbit to chick. These tendons, so grafted, cicatrized by first intention and preserved their normal resistance and mobility. They incline to believe, further, that ligatures of catgut facilitate the processes of regeneration. The very careful clinical and histological study which they have made of these regenerations in the laboratory of M. Duplay is replete of interesting practical results.

ORIGIN OF THE CHORDA TYMPANI NERVE. M. Vulpian communicated the results of his latest researches upon the origin of the glandular nerve fibers and the vaso-dilator nerve fibers which form a part of the

chorda tympani and of the glosso-pharyngeal nerve. All the fibers of known function of the chorda tympani proceed in reality from the facial nerve. The chorda tympani is not the product of anastomoses furnished to the facial nerve by other nervous trunks, it is veritably a branch of the facial nerve itself, and, with the exception of some rare fibers of anastomosis, it is subjected entirely to the trophic influence of the genicular ganglion. The fibers which the glosso-pharyngeal give to the parotic and the posterior part of the tongue emanate from the nerve where it leaves the medulla oblongata.

TWO SPECIES OF SENSIBILITY TO LIGHT. At the meeting of the Academy of Sciences, of Paris, October 26th, M. H. Parinaud presented, through M. Charcot, a note on the existence of two species of sensibility to light. The two modes of sensibility are in accord with the existence in the human retina of two kinds of nerve element; the cones, unprovided with purple, which receive directly from the luminous agent an excitation of a nature more specially physical, and the rods, of which the excitation is made by the intermediation of the purple, and which are subject to a process of a chemical nature. The cones give us two sensations simultaneously of color and brightness under the influence of homogeneous light; the rods give us only sensations of brightness.

ACTION OF COFFEE ON PRURITUS.—Dr. Brown-Sequard reported studies in relation to the action of coffee on pruritus ani and vulvæ. In two cases observed for many years, he had been able to observe a constant agreement between the ingestion of the one and the disappearance of the other; abstention from coffee caused the pruritus to cease entirely.

M. M. Duvall presented a note from M. Laulanié upon the regression of the ovarian follicles in the case of mammalia. Their *vitellus* is devoured in place by the migratory cells.

TEMPERATURE OF THE PARTURIENT WOMAN, AND OF THE INFANT AT BIRTH. M. Bonnal had studied the temperature in the case of the mother at the moment of accouchement, and of the infant at the moment of birth. The act of parturition does not in any manner necessarily result in an appreciable elevation of the temperature of

*From *La Progrès Medical*, November 14, 1885, by D. T. Smith, M. D.

the parturient woman. The degree of temperature ascertained after accouchement has no relation to either the duration of the labor, the intensity of the suffering, the age of the woman, or the time elapsing after the rupture of the membranes. Compared to that of the mother, the temperature of the infant at the moment of its birth is exceptionally lower than that of its mother, rarely equal, almost always higher. The temperature of the new-born declines rapidly after its birth.

THALLINE AND ANTIPYRINE.—M. Dujardin-Beaumetz, in regard to the communication made at the preceding meeting by M. Jaccoud on thalline and antipyrine, proceeded to refute in part the conclusions advanced by M. Jaccoud. These conclusions tended to establish that thalline is superior to antipyrine as an antithermic agent, but that the two agents exert no real therapeutic effect. M. Dujardin-Beaumetz is of the opinion that antipyrine is an antithermic superior to thalline, and, without being misled by ephemeral results which have been obtained, thinks that we ought not lightly to abandon a medicament susceptible of diminishing fever and procuring veritable relief for the tuberculous during their sudoral crises, for instance.

Selections.

THE KLEPTO-COCCUS. — We learn with pleasure that Professor Meandra has succeeded in isolating the bacillus of kleptomania. It has long been thought that this disease owed its origin to an organism of a snaky, elusive nature, which rendered detection difficult, but it remained for Professor Meandra to first demonstrate its existence. The difficulty was, of course, to obtain pure cultivations. At length Professor Meandra secured a magpie of well-known thievish propensities, and removing a small portion of its brain, under the spray, he began the first of his long series of experiments. The organism can be readily grown in beet-juice (prepared by beating beets and straining) or in cabbage infusion. It stains easily of a deep steel color. Under a power of eighty diameters this organism presents a hook-shape, thus ?, which gives it the name of Meandra's Interrogative Micrococcus; we would, however, suggest (with due deference to the professor's taste) the name of

hookey-coccus, both as more euphonious, and as applicable, no matter what position the organism may assume; it also indicates its character as well as shape. Injected subcutaneously into cats the effects of the hookey-coccus were remarkable. Several of these animals, let loose in a back-yard, were seen two days after to creep surreptitiously into some of the neighboring houses and kleptomize pieces of meat, fish, etc. While we can not quote the whole of this important article, we relate one interesting event. A quantity of beet-juice, in which a cultivation was far advanced, was spilled on the floor of the laboratory. Three days after the professor missed his pocket-book, watch, and other articles of value; it was also noticed that several houses in the place had been visited and valuables taken. Mr. Lestees, the professor's assistant, a man of the highest respectability, was also missing. Professor Meandra thinks he must have inhaled some of the dry dust from the spilled cultivation. There was much excitement when the affair leaked out, and, as there are two banks in the town, the people petitioned the mayor to prevent all communication between the professor and the cashiers. There is no doubt that an attenuated cultivation can be obtained, in which case the criminals confined in the prison at Moros will be vaccinated. We agree with this great investigator when he says, "the bacillus opens a wide field for thought—an almost unfathomable vista." "Many generations must pass," he continues, "before the last microbe is stained and mounted, drawn and photographed, and stamped with the name of its discoverer." "The next two hundred years will be known in history as the Microbian Age."—*The Birmingham Medical Review*.

ON THE LOCAL TREATMENT OF SYPHILIS. The practitioner may often be at a loss as to the most eligible method of combating the syphilitic intoxication. For even to the therapist, however well-versed he may be with the latest and most approved views on the treatment of syphilis, difficult questions may well arise. Is it possible ever to eradicate the syphilitic virus wholly from the system? Is mercurialization a *conditio sine qua non* to the cure? Is a constitutional or local treatment more effective? All these are questions which it would not be safe to answer categorically in one direction or in the other.

As to the local treatment of syphilis, there

is no dissension as to its value, or rather necessity, in certain forms of the affection. To have gathered and critically discussed all the various indications for a local medication of syphilitic affections is the merit of an exhaustive treatise written by Dr. J. Grünfeld, appearing in the *Wiener Klinik*, from which we abstract and condense the most important conclusions.

The objects of local treatment are cleansing and disinfection of the affected area, reduction of inflammation, and cauterization.

Grünfeld holds that cases of a light nature and recent standing do not require any local attention. To this class belong syphilitic (mucous) patches, papules, and nodes.

In extensive tissue-destruction, with ulceration and scab-formation, such as in rupia and allied ulcerative processes, topical applications are indispensable. The scales are to be saturated with olive oil or carbolized oil (acid. carb., 1 to 10 olei oliv.) until they soften and fall off spontaneously. Lukewarm baths have the same effect. The remaining defects yield then rapidly to a combination of the mercurial and the soap plaster. As to the treatment of the so-called wet papules, Grünfeld advances the following indications:

1. Removal of the purulent secretion from the diseased surface, obtainable through baths of lukewarm water, or through disinfectants, such as carbolic acid or chloride of lime. After the bath a disinfectant wash is necessary, with solutions of carbolic or salicylic acid, thymol, chloride of lime (one to two per cent), or sublimate (one to two per thousand).

2. Removal of inflammation from the affected skin-area. The part is to be covered first with medicated gauze, and then with cold compresses. Solutions of sulphate of zinc (one half to one per cent), chloride of zinc, alum, borax, acetate of lead, or even Goulard's extract, are eligible menstrua for the medication of the gauze.

3. To prevent the spreading of the affection. This can be effected by a thorough isolation of the affected skin-area by dry cotton.

4. The formation of a new integument, which is facilitated by astringent coverings favoring the generation of a new epidermis. Solutions of calomel (two to three per cent), chloride of zinc, chlorate of potassium, salicylic acid, and caustic potash, applied with a brush, will ordinarily achieve the desired effect.

5. Complete removal of isolated or con-

fluent papules by an energetic caustic, such as the sublimate (1 to 20-25, concentrated acetic acid), applied carefully with a brush, after which the part is covered with dry cotton. Labarraque's method (solution of chloride of sodium and calomel) or Zeissl's fluid (calomel and liquid chlorine) are also serviceable. After this procedure, the application of astringent drugs hastens the healing process.

The scurf and scales usually appearing on the head are to be anointed with oil or vaseline every evening, so as to induce their falling off. In the case of pustules appearing on other portions of the body covered with hair, a more energetic procedure, such as the application of ointments of oxide of zinc, bismuth, white or yellow precipitate, is necessary.

Psoriasis palmaris and plantaris require special and careful attention. In light forms of this affection covering with mercurial plaster alone suffices. Before changing the plaster it is well to cleanse the part thoroughly with lukewarm soap-water. In cases with thickened epidermis, which show little or no tendency to improvement, the sublimate-collodium (sublimate 1 grm., ol. ricini 2 grm., collodii pari 20 grm.) is to be painted on twice daily in two or three thin coats. In some cases ointment of white precipitate, oxide of zinc, or bismuth rubbed into the part daily, act well. The mercurial plaster is, however, more powerful, and scarcely dispensable in the ulcerative form of psoriasis. Still, in spite of the most careful and specialized local treatment, the healing process is not infrequently so tardy as to require a constitutional treatment.

In syphilitic onychia, Grünfeld recommends the frequent cutting of the nails and the filing off of protruding parts of them. The mercurial plaster will soften the thickened margins and scaly masses.

Of higher importance, and requiring a more energetic therapeutic interference, are the gummata. In the nodes and ulcers of a syphilitic nature the first therapeutic requisite is the careful removal of the scabs by lukewarm baths or ointments.

Experience has invariably demonstrated the advantage of adding sublimate to the lukewarm baths taken in the cure of syphilitic skin affections: 5 to 10 grams are usually added to the quantity of water required for an ordinary bath-tub, while for local washes of the body 1 to 2 grams suffices. Iodide of potassium, of course, can be similarly used. In fetid ulcers, Grünfeld

suggests the addition of thymol or carbolic acid. In diphtheritic processes the strong caustic remedies are indicated, such as nitrate of silver (the solid stick, or in solution of 1 to 10), sulphate of copper in a concentrated watery solution (1 to 5-10), calomel in concentrated solution of acetic acid (1 to 10-15-20), or, finally, the hot iron. In ulcers of a phlegmonous tendency, covering with the tar and plaster-of-paris powder, alongside of proper antiphlogistic measures, are recommendable after antiseptic washes of chloride of lime (one to two per cent), or carbolic acid (five per cent).

After having converted the ulcer into a suppurating wound, iodoform and the mercurial plaster are our greatest stand-by. The latter enjoys so great a reputation in these affections that it is not infrequently employed as a diagnostic agent in doubtful cases.

Iodoform may be applied in powder form or by means of gauze. Its advantages are chiefly the rarely-required change of the dressing and the quick-resulting cicatrization.

In profusely granulating ulcers the sharp spoon with subsequent aseptic dressing can not be dispensed with.

In the simple gummata of the skin, resorption through tincture of iodine or mercurial plaster may be tried.

In the progressed attenuation of the skin the yellow gummous contents of the gumma has to be emptied by puncture, whereupon a suitable dressing is to be applied.

Passing to the syphilitic affections of the mucous membranes, Grünfeld emphasizes the necessity of local medication, especially as compared with the syphilitic products of the skin, which in the majority of instances require no local treatment.

In the affections of the mucous membranes of the mouth, Grünfeld recognizes two requisites, viz., the general care and attention to the part and the direct treatment. The first indication is met by mouth-washes composed of chloride of potassium, salicylic acid, permanganate of potassium (largely diluted), carbolic acid (one per cent), chloride of sodium, borax, and alum. The cleansing, however, ought not to proceed in the usual manner, but by the irrigator. Attention to the teeth by tooth-powders or suitable dental pastes is likewise a desirable object.

In the direct treatment of syphilitic mouth-affections the solid stick of nitrate of silver plays a principal rôle. Equally valu-

able are solutions of sublimate of 1 to 20-50 in ether or acetic acid applied with the brush; in some cases the tincture of iodine is also serviceable.

In slight affections of the mucous membrane of the mouth the glycerite of tannic acid sublimate in a one, two, or three-per-cent solution, salicylic acid, or chloride of zinc recommend themselves. If pain be present, cocaine, of course, suggests itself.

In affections of the genito-urinal tract the solid nitrate of silver is likewise a most efficient remedy; in the rectum the ointments of zinc, morphine, or belladonna, applied before and after defecation, will be found very grateful. The most scrupulous cleanliness is imperiously indicated, and to avoid friction a cotton tampon is, with advantage, inserted in the rectum.—*Therapeutic Gazette.*

EXCISIONS OF THE JOINT AS A SUBSTITUTE FOR MECHANICAL APPLIANCES IN THE TREATMENT OF CERTAIN CASES OF INFANTILE PARALYSIS.—In a paper published in the New York Medical Journal, Dr. Ap Morgan Vance advocates this procedure, and reports three cases on whom he practiced this operation with happy results. He says:

The ailment known as infantile paralysis is, and always has been, the dread of the orthopedist. It is productive of almost half the cripples we meet, and is dreadful because of the meager results attained by treatment, most of the authorities now holding that all relief derived comes spontaneously, and the effects of treatment other than that to prevent deformity and to promote locomotion are nil. This has certainly been my experience so far in the effort to revive the muscles which are lost.

If we make apparatus strong enough to render constant breaking less liable, it will be too heavy for the weakened patient to manipulate at all, hence most patients soon discard braces, either because of this or from their inability to bear the expense of constant renewal. Deformity soon takes place, and, as the patient grows older and heavier, hopeless crippling is inevitable.

How many of these persons are daily seen on our streets! Some unable to help themselves at all, others showing every degree of deformity with more or less disability. The mechanical surgeon, therefore, is constantly on the alert for new suggestions toward treatment.

It has been suggested, I believe, in England, and in some cases acted upon, though

the results have not been reported, that the residue of the paralyzed muscles have a section removed, thus gaining by an inelastic band better control of the joint below. It has also been recommended, whether carried out yet or not I am unable to say, that in some forms of talipes calcaneus, for instance, the tendo-achilles be resected, thus gaining an inelastic band, as mentioned above. The third suggestion, and the one I have taken advantage of, is to excise the useless joint and produce bony ankylosis, thus doing by bone what we attempt to do by apparatus.

This seems at first glance to be very bold surgery, but, when we look first at the utter hopelessness of these unfortunates, and at the fact that the joints are alive and the bone in young subjects healthy, we may hope for less risks than when we get our prognosis from statistics of excisions where bone disease exists. The greatest difficulty is the gaining of the patient's consent. No surgeon should ever perform any grave operation which is proposed for convenience without making the patient cognizant of the risks he is undergoing. First, because it is not right; second, because if it fails, and the possibility of failure has not been explained, it renders surgery too unpopular in that neighborhood.

The authorities for this class of operations are very meager. In the latter part of 1881 I saw it mentioned in a journal that Volkmann had suggested this procedure for the knee and ankle where the muscles of the hip were left, and that four or five operations had been done, with what results I have not yet learned.

ELECTRICITY AS A THERAPEUTIC AGENT IN GYNECOLOGY.—Dr. Paul F. Mundé, in a paper on this subject, read before the New York Association of Medicine (Medical Record), gives the following as the indications for its use: Deficient development of uterus and ovaries; amenorrhea; dysmenorrhea, obstructive and neuralgic; superinvolution; subinvolution (with or without menorrhagia); hyperplasia uteri; chronic ovaritis and salpingitis; chronic cellulitis and peritonitis and lymphangitis; pelvic neuralgia, local and reflex; uterine displacements; erosions of cervix; uterine fibroids; ovarian tumors.

It was not his intention to make more than a passing mention of the tonic effect of the faradic and the sedative influence of the galvanic current on the general system

in the anemia so frequently accompanying utero-pelvic disease.

The author of the paper then discussed at length the use of this remedy in the above affections, and then gave the following counter-indication, that the rule to avoid it in all cases of acute or subacute inflammation of the pelvic organs about covered the ground, although there might be exceptions to that rule in instances of mild subacute cellulitis and ovaritis.

The conditions in which the two varieties of the electrical current act most beneficially were summarized as follows:

Faradism. Deficient development of uterus and ovaries; amenorrhea; subinvolution and menorrhagia; superinvolution; uterine displacements, and uterine fibroids (interstitial).

Galvanism. Hyperplasia uteri; chronic ovaritis and pachy-salpingitis; chronic cellulitis and peritonitis, and lymphadenitis; pelvic neuralgia, local and reflex; dysmenorrhea, neuralgic and obstructive; erosions of cervix; subinvolution, and uterine fibroids (subperitoneal).

The conclusions to be drawn from the experience detailed in the paper were the following:

1. Electricity locally applied was a valuable agent in gynecological practice, and should be more widely used than it was.

2. It did not require special knowledge or experience as an electrologist to be able to use the agent safely and beneficially in gynecological practice.

3. The remedy, if properly used and on correct indications, could not do harm.

4. It should be used only in chronic conditions, and if it was the galvanic current, should give no pain.

5. The conditions in which the faradic current was indicated were chiefly those characterized by deficient development or want of tone of the sexual organs, such as imperfect development of uterus and ovaries, superinvolution subinvolution, amenorrhea, uterine displacements, interstitial fibroids. The object of the faradic current was to stimulate the organs to increased growth or activity, and to produce muscular contraction.

6. The conditions in which the galvanic current was indicated were those in which it was desired to promote absorption of adventitious products, chiefly the result of previous inflammation; to allay pain, to excite reparative action, and occasionally to act as a caustic. The rapidly interrupted

galvanic current, however, also excited muscular contraction.

7. Perseverance in the treatment was essential to success.

8. Acute and subacute inflammatory conditions, as a rule, counter-indicated local treatment by electricity.

9. The pathological conditions in which electricity proved useful were such as those in which other treatment often failed or could not be borne by the patient.

10. In organic diseases a permanent cure, or a restoration of the diseased organs to perfect health, could usually not be accomplished by electricity, but great relief from pain, and certainly temporary improvement in otherwise intractable cases could be achieved by it without danger and with comparatively little discomfort to the patient.

RETROVERSION OF THE UTERUS.—While retroversion does not make a very brilliant clinic, it yet furnishes a most eminently practical one, for you will encounter one hundred retroversions to one laceration or ovarian tumor, and he who can successfully treat a retroversion has his future success assured, for one woman cured of this troublesome displacement will prove a life-long and valuable advertiser. In order that you may diagnose a retroversion, the fingers must be well pushed up in the vagina, as much as their whole length. Acute retroversion may be produced by blows or falls, and this condition is liable to occur after abortions or normal labor. We hear some men say that it is caused by getting up too soon after labor, but it is more frequently caused by too long retention of the prone position. A woman whose labor has been normal should not remain on her back after the first week. Subinvolution, from anemia and other factors, is a cause. Relaxation of the utero-sacral ligament will allow the os and cervix to tilt forward and the fundus to be thus retroverted. If this ligament holds its part in position, it will be seen that the fundus *can not* go back. When, by internal and external manipulation, we fail to find the fundus where it ought to be, having previously felt the cervix, we know that it is out of position. We will also have pain in the groins, because the uterus is pulling on the round ligaments, and also low down in connection with the utero-sacral ligament from the same cause. In this case he pulls the womb back into position with a tenaculum, and keeps it in place with a tampon satu-

rated with glycerine. Nux vomica is ordered to restore tone to the utero-sacral ligament. The bowels will be moved daily, and after the movement she will have an injection of cold water. Electricity will also be used to tone this ligament. When the womb is subinvolved, ergot will reduce its size. If anemic, she will be appropriately treated constitutionally. She will improve in a month (when a pessary will be substituted for the tampon), but it will take six months to make a cure, and maybe you can never cure. Be careful not to promise too much.—*Professor Parvin in Medical and Surgical Reporter.*

INTRA-PARENCHYMATOUS INJECTIONS IN PNEUMONIA.—If, says Lépine, an injection of a few centimeters of a very weak aqueous solution of corrosive sublimate be made into the hepatized lung on the third or fourth day of the disease, in three or four places equidistant a few centimeters from one another, and preferably at the periphery of the lesion, with a view of preventing the extension of the disease, the following phenomena are observed :

(1) At the seat of infection an immediate diminution of the crepitant râles and tubular breath sounds, which are in part replaced by respiratory silence and some larger râles; (2) sometimes, later, a transient exacerbation of the temperature of body; (3) the next day a great improvement in the general condition, and notably a precocious defervescence; and (4) a resolution which, to judge by the persistence of the "souffle," especially in the hepatized parts that have not been treated, takes place very much earlier than would have been the case under ordinary circumstances. As to the relative innocuousness of the intrapulmonary injections in the doses employed (twenty to twenty-five cubic centimeters of 1 in 40,000 solution of bichloride of mercury), when care is taken to keep away from the large vessels at the hilus of the lung, and not to penetrate the lung more than three to four centimeters, M. Lépine urges that he has not lost a single patient and has not had one accident. The only inconvenience is the pain, but this is not great, and may be still further relieved by adding morphine to the solution. After the introduction of the sharp needle, and before the syringe is fitted on, a few drops of blood are allowed to escape; the injection must not be delayed or the needle will become plugged. When the needle is in-

serted into healthy lung or into tuberculous lung it does not as a rule yield blood. In the healthy lung such injections produce sufficiently defined lesions. Experiments on the lungs of healthy dogs showed that at the site of injection of a rather stronger solution than that mentioned above, there was a circumscribed and indurated area, which was made of blood and congestive edema. The lesions were less marked with the 1 in 40,000 solution.—*Lancet*.

CEREBRAL EFFUSION DUE TO INTESTINAL WORMS.—It is well known that intestinal worms in children frequently produce convulsions and other cerebral symptoms. Vogel, in his work on *Children's Diseases*, mentions that, in a case where a child died with symptoms of acute hydrocephalus, no lesion of any kind could be discovered in the brain, death having been really caused by a mass of a hundred round worms, which had produced dilation and reddening of the intestine. A somewhat similar case is now reported in the German medical press. Two little boys in a family, under the care of Dr. Eichberg, were seized with what was supposed to be an infectious disease with gastro-intestinal symptoms. No satisfactory diagnosis was made, and one of the children died. At the necropsy, hydrocephalous effusion was found in both lateral ventricles. In the right hypogastric region a piece of intestine was seen, half a meter in length, of a deep red color. When this was opened, an immense conglomeration of round worms was found, which completely stopped up the intestine. There must have been a hundred of them, and, in addition, several more were found in different parts of the gut. There was no trace of peritoneal inflammation. The other child was now treated with calomel, jalap, and santonine, which brought away some twenty worms, and soon resulted in a cure. As an additional precaution, the whole family was dosed with santonine, with satisfactory results.—*British Med. Jour.*

NEW LOCAL TREATMENT OF ECZEMA AND OTHER CUTANEOUS DISEASES.—Dr. Gécé (*L'Union Médicale*) has recently made trial of the local treatment of eczema by ichthyol applied by means of a thin dressing of some sufficiently strong but pliable substance acting as an artificial epiderm, and at the same time combining medicinal treatment with the advantage of being able to be applied by the patient.

The dressing adheres without the use of a bandage, and is applied by simply moistening with warm water, and needs only to be renewed every three or four days.

In acute eczema and chronic eczema, especially that of the lower limbs, where the application affords methodical compression, and in prurigo and lichen, the first application has given favorable results. In psoriasis the results have been encouraging, but further experience is necessary to determine the real value of the remedy.

To apply the dressing, it should be permitted to rest for an instant upon warm water of a temperature which can be supported by the hand, and smoothly applied.

If any difficulty is experienced in removing the dressing, a corner should be raised and moisture applied by wetting both sides, when it will be found to come away easily. *Medical News.*

ABSCESS OF THE LIVER.—Dr. Hayes, in an article in the *Journal of the American Medical Association* on this subject, concludes as follows:

1. Always operate if a reasonable diagnosis is made out.
2. Anesthetics are not necessary in every case for this operation.
3. A free incision and a rational treatment warrant a more flattering prognosis, and a larger percentage of recoveries than our standard authorities lay down.

DOVER'S POWDER AND ITS MODIFICATIONS. Dr. B. W. Richardson (Asclepiad), after giving in brief the history of a case of "septic pneumonia" (a term which he applies to pneumonia "induced by inhaling some toxic product from a cesspool"), says that in cases of that sort there is no such anodyne, no such soporific febrifuge, as Dover's powder. If he could envy any one as a therapist, he says, it would be the old physician who originally had the happy thought of blending astringent opium with relaxant ipecac, and both with a diuretic and laxative. He thinks it is often very good practice to modify Dover's powder by combining the one grain of opium and the one grain of ipecac with other salines than sulphate of potassium. True, Dover's powder, he continues, contains the nitrate as well as the sulphate of potassium—four grains of each in ten grains of the compound—and it often seems to him reasonable to revert to this form, nitrate of potassium, in small doses, being a good diu-

retic. He also often ventures upon other modifications; in acute rheumatic fever he usually substitutes sodium salicylate for the potassium salt; in gout, bicarbonate of sodium; in remittent febrile cases, two grains of quinine with five of sodium salicylate; and in quinsy and other febrile throat affections, chlorate of potassium.—*New York Medical Journal*.

BETA NAPHTOL IN THE TREATMENT OF SCABIES.—Josias has made a series of experiments on animals with naphthol to determine whether the case of Neisser's, where hemoglobinuria supervened when a child affected with prurigo was treated with it was or was not exceptional. Though both rabbits and cobayes died as a result of subcutaneous injections of an alcoholic solution of naphthol, none showed symptoms of hemoglobinuria. When dogs were similarly treated none died, and he concludes from his observations on these latter that naphthol can not engender serious accidents which may end in hemoglobinuria and death; and further, that naphthol in the doses employed in practice is an excellent remedy for scabies, and absolutely harmless. The ointment used consists of beta naphthol, fifteen parts; lard, one hundred parts; soft soap, fifty parts; and powdered chalk, ten parts. This ointment has given results incomparably superior to all other methods in the cutaneous affections to which dogs are so liable, and which are so obstinate. Itch, eczema rubrum, psoriasis, and auricular catarrh yield, as a rule, very rapidly to frictions with it. More than a hundred dogs have been so treated by M. Nocard; in some the general inunctions have been repeated for eight or ten days without any bad result even when dogs licked themselves. The efficacy of the ointment has seemed to be heightened when after its application the skin was moistened once or twice, at twenty-four hours' interval, with a two-per-cent solution of chloral.—*Annales de Dermatologie et de Syphiligraphie*.

ESSENCE OF PEPPERMINT AS AN APPLICATION TO BURNS.—*Nouveaux Remèdes* quotes the Australasian Chemist and Druggist to the effect that essence of peppermint, painted on a burn, causes the pain to cease at once. *New York Medical Journal*.

KAVA AS A REMEDY FOR GONORRHEA.—Kava, a piperaceous plant indigenous to the Sandwich Islands, has been recommended

by Dupuy and Gubler (*France Méd.; Dtsch. Med.-Ztg.*) as a specific for gonorrhea and leucorrhea. It acts as a diuretic, diminishes the inflammation, and allays the pain. It has the advantages over copaiba of possessing an agreeable taste and of not disturbing the stomach. Gubler mentions a gum and a crystalline principle, kavaline, as the active constituents.—*Ibid.*

IODIDE OF SODIUM IN THE TREATMENT OF SYPHILIS.—Arcari (*Gazz. Med. Ital. Lombard.; Med. Chron.*) reports a number of cases of tertiary syphilis in which rapid improvement was due to the hypodermic use of this drug in quantities of about ten grains four or five times a day. He recommends the simultaneous use of thirty grains by the mouth, with only two daily injections, in cases where an organ is seriously threatened from syphilitic deposits.—*Ibid.*

PHOSPHATE OF BISMUTH.—Fredenat (*Giorn. Farm. Napol.; Nouveaux Remèdes*) remarks upon the variable density of subnitrate of bismuth, and proposes the phosphate as a substitute, the latter being a stable salt. Its therapeutical properties are the same as those of the subnitrate, and it may be given in doses of thirty grains.—*Ibid.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from November 22, 1885, to November 28, 1885:

Captain C. K. Winne, Assistant Surgeon, assigned to duty as Post Surgeon, Benicia Barracks, and Attending Surgeon at Benicia Arsenal, Cal. (S. O. 109, Dept. Cal., Nov. 20, 1885.) *Captain Walter Reed*, Assistant Surgeon, granted leave of absence for one month, with permission to apply for one month's extension, to take effect about December 1, 1885. (S. O. 115, Dept. Platte, Nov. 18, 1885.) *Captain Arthur W. Taylor*, Assistant Surgeon, granted leave of absence for one month, to take effect December 5, 1885. (S. O. 116, Dept. Platte, Nov. 20, 1885.) *First Lieutenant A. R. Chapin*, Assistant Surgeon, ordered for temporary duty at Fort Robinson, Nebraska. (S. O. 115, Dept. Platte, Nov. 18, 1885.) *Lieutenant-Colonel James Simons*, U. S. A. (retired), died November 11, 1885, at Baltimore, Md.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended November 21, 1885:

Yemans, H. W., Passed Assistant Surgeon, promoted to be Passed Assistant Surgeon from November 1, 1885 (November 14, 1885); reassigned to duty at San Francisco, Cal., November 16, 1885. *Mcintosh, W. B.*, Assistant Surgeon, appointed an Assistant Surgeon November 14, 1885, assigned to duty at New Orleans, La., November 16, 1885.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, DECEMBER 12, 1885.

Original.

SOME REMARKS ON THE ETIOLOGY OF FEVER AND AGUE.

BY RUFUS W. GRISWOLD, M. D.

The cause or causes of intermittent fever and the allied so-called malarial diseases have been matters of conjecture and discussion with medical men for ages. Theories almost beyond number have been from time to time advanced upon the subject, and experiments in diverse directions instituted to discover the potential factor of the diseases supposed to have a common origin with ague and fever; medical minds have been often deluded into the reception of vanishing phantoms as veritable realities in relation thereto; opinions, some of them ingenious and many amusing, have been put in type on the subject, not one of which has proved satisfactory to the critical mind, or has stood the test of logical examination under the light of the phenomena which the trouble from time to time and in varying places exhibits. The conclusions drawn from manifestations at one point and in one season are contradicted and overthrown by the manifestations exhibited in some other place at the next season. The conditions supposed to originate ague at one place are alike present at numberless other places where the disease does not manifest itself; surroundings apparently equally capable of pestiferous action seem abundantly successful in one case and totally powerless in another; regions which have not known an indigenous case of ague in generations suddenly become ferociously attacked, and without any change in the locality; and without any change in the locality the trouble as unaccountably disappears as it unaccountably came. All this not only confuses, but deludes; it also establishes the uncertainty. In the uncertainty the

mind amuses itself with new conjectures, and humbugs itself with its amusement.

In the entire history of malarial troubles no corner of the world has afforded the cautious critic more forcible illustrations of the position above presented than has been given for the twenty-five years last past by Southern and Southwestern New England. Every theory advanced on the subject of cause has been undermined by the diffusion and progress of the existing epidemic over Connecticut and into Massachusetts and Rhode Island. It is not my intention to undertake here a description of this diffusion and progress, for the purpose of establishing my point, the limit of the present intention would forbid that; beside, I have quite fully gone over the ground in another place (See Gaillard's Medical Journal for August and November of this year), and shall still more fully go over it in the next annual report of the Connecticut State Board of Health. My present purpose is to criticise a special theory, or rather a special point in defense of a special theory, the past spring put in type by Dr. Willard Henry Morse, of New York, in the Louisville Medical News issues of April 18th and May 2d and 9th.

The theory advanced by the doctor was, or is, that intermittent fever is caused by a special gas which he calls methane, generated in the mud of rivers and ponds, and thence evolved and diffused abroad. The theory is essentially the old one of marsh miasm dubbed with a new name. Whether or no it is the result of that old exploded causative malarial trinity of Lancisi, heat, moisture, and vegetation to decay, does not for my present purpose matter. I do not propose to attack directly either the theory or the gas, but rather to show that the illustrative argument by which the doctor endeavors to establish his points is fragilely false and radically rotten; that his assumptions are without sufficient support, decep-

tive, and fallacious. The father of a new theory is rationally bound to advance some evidence, if not proofs, of its verity; when what he presents as evidence is not true, the supposed evidence is itself destructive of the hypothesis put forward. I quote from the doctor (News of May 9th, page 290):

"Chemistry does not understand the primal formation of methane. We know that it is generated, but we see no bound to the process. The mud where it is born is filled with it to repletion; it is literally compressed there. If some particles escape, others take their place, and a body of fresh water is always fertile of it. But how are we to explain the presence of malaria in a locality where it has not been known for a century or longer? Take the Connecticut River valley as an example. There, as we have seen, malaria has recently reappeared after an interval of nearly a century. It was once there and has returned; wherever it appears it has appeared before. The reason is very easily understood. Question the old residents of the valley, as I have taken pains to do, and they will tell you that the river was more sandy, because it was more swift, ten or twenty years ago. The numerous reservoirs have formed mud below and above them, and in the mud methane has grown. To prove this let me say that the most malarious place on the river is one where a rank growth of water-weeds flourish, and up the river, on the Vermont boundary, where the stream runs over a pebbled bed, there is no malaria, never was, and never will be. There are, it is true, muddy rivers like the Thames that are not prolific of malaria; and this is explainable either by neutralization from some more abundant or more powerful gas, or more probably by the mud being possessed of a certain acidity that prevents the generation of the methane; but, referring again to the Connecticut, it may be asked, how are we to explain the presence of malaria a century or more ago, when the locality was but recently settled, and there were no reservoirs to dam up the waters and make mud? If we think a moment it will be apparent that a newly settled country, where the woods are heavy, and vegetation is rank, would have muddy bedded rivers. This is invariably the case."

Now I have been living, with the exception of part of the time from 1850 to 1854, for sixty years in the center of the lower Connecticut River valley. For fifty years, certainly, I have had a thorough acquaintance with the diseases of the section, and

for over thirty of these I have practiced medicine in the same locality. I am in a position to state from knowledge what is not true—what is simply assumption—in what is above quoted. It is not true that wherever malaria has appeared in the Connecticut valley region in the present epidemic, it had appeared before. On the contrary, there are any amount of localities where intermittent has been very rife the last thirteen years, in which a case was never before heard of since the English first settled in the valley. Say a hundred years ago there were a few cases in a few spots; for the last fifteen years in the lower part of the valley, and for the last ten in the upper part on the State line at the north, every township, every neighborhood, nearly every school district, about every brook, valley, and about every hilltop has shown a number of cases of intermittent or some other form of so-called malarial disease. Whereas, up to, say 1870, there had not been, so far as is known, among the people residing on the Connecticut and its tributaries, from the Sound to the Massachusetts line, three cases of indigenous intermittent fever, or any thing the like, per year, for the seventy-five, or the hundred, or the two hundred years previous. In the last fifteen years there have been forty to fifty thousand cases or more, among the two hundred thousand people. In some places nearly, in some quite, half the population have been afflicted in a single season. Now, as for the reason for the difference, the doctor tells us it is "easily understood." On the ground I have the presumption to say that it is not understood at all. The doctors right here not only don't know, but they don't pretend to know about it. The matter about which some physician somewhere else knows the whole we are here quite ignorant of, and we admit our ignorance. To those members of the profession connected with our health boards, whose opportunities for investigation are backed by the funds of the State or cities, the potency of ague and fever remains a mystery; in their reports they make the admission. And the reason which the doctor gives as so "easily understood," to wit, that the "river was more sandy because it was more swift ten or fifteen years ago," is simply bosh. There is no such change of condition in "numerous reservoirs," in the last fifteen years as the doctor implies; neither is it true, as he asserts to prove a position, that "the most malarious place on the river is where a

rank growth of water weeds flourish." The possibly most malarious place that I know of in the seventy miles from the sound to the north line of the State has a clean, sandy bank on the river front, though, as for a choice of places, as regards the prevalence of ague, there are a hundred at any one of which if you were living you might regret that you didn't reside in either one of the other ninety-nine. Neither is it true that on the Vermont boundary there "never will be any ague;" for of late the same potency that has for the last dozen years afflicted the people of the lower valley has made itself felt every year farther and farther north, extending over the Massachusetts line into Vermont and New Hampshire, and so far up along the Atlantic coast as Portsmouth in the latter State, with an occasional case appearing even so much farther north as the vicinity of Biddeford and Saco, in Maine—all of which is in contradiction of the old supposed laws of malarial presence.

Again, it is simply pure fallacy that is contained in the doctor's observations about the Thames. Considering its drainage into the sound, the State of Connecticut may be divided into four regions: (1) The Housatonic and the Naugatuc at the west; (2) the Quinipiac at the west center; (3) the Connecticut at the center; (4) the Thames at the east. The downflow and the exit of these systems of drainage are on the same parallels of latitude; they all empty into Long Island Sound. Now, what is either not known to outsiders, or is not recognized by them in their illustrations from Connecticut soil of the phenomena of ague appearance in the State is, that the present epidemic of the disease began on the Sound shore in the Housatonic region, in the southwest part of the State, about 1860; that it got into the lower part of the Quinipiac in the next two or three years—the distance being but a few miles; that it did not begin in the Connecticut region, thirty miles further east, until 1870 and '72, and that it was still another ten years in reaching twenty miles more in the same direction into the valley of the Thames. At the same time of this eastern progress, the trouble was extending over about the same distances across the State to the north, and to the northeast toward Massachusetts, and got into that State only after about eighteen years after its extensive prevalence in the southwest corner of Connecticut.

Now, assuming the doctor's "methane"

to be the potential factor, we shall have to conclude that up to about 1860 the mud of the Housatonic could not produce the article; that after that date it began to generate any quantity of it; that the Quinipiac could not show up at all until, say about 1865, and that then it developed unlimited amounts; that the Connecticut was utterly powerless until 1870, and was then astonishingly prolific, and that the Thames was imbecile until 1880, after which it also became abundantly fruitful—and these, it is to be remembered, are all on the same latitude—such a conclusion is indefensible, illogical, without basis, and devoid of any evidence whatever. The assumption of the doctor is pure absurdity. I assert that there has been no such change in the Connecticut River or in its bottom, or in its mud, or in the reservoirs on it, or in any way as has made it possible to generate the suppositious methane of the doctor, in every year for the past fifteen years, after having been utterly imbecile for the production of such a gas for every year in the hundred preceding ones.

The statement of the "old residents of the valley" that "the river was more sandy, because it was more swift ten or twenty years ago," is all idle talk. There is nothing to interrupt the current of the Connecticut River from the Massachusetts line to the Sound that had not existed for the fifty years before the invasion of ague; there is nothing to interrupt it anyhow. Its current for the past twelve years, in every one of which intermittent has prevailed, is just as good as it was in the fifty years before that, in which there was not an average of one case the year in the whole valley. The bed of the stream has harbored no more mud in the last dozen years than it had in the dozen other dozens of years when a case of intermittent along it was as rare as a white crow in Paradise. As for the Thames, as a matter of fact, for the first few miles above New London harbor, its bed is quite as muddy as is that of the Connecticut, but that it has been neutralized by some "more powerful gas" than the doctor's methane, or by a "certain acidity," there is no evidence whatever. The supposition is a mere invention, put forward as a plausible but entirely gratuitous reason to account for the fact that at the time the doctor got his postings ague had not put in its appearance in that section. Since then the disease has come in there, as well as further east, over nearly all the adjoining State of Rhode Island. Are we to suppose

here that the methane has finally got the upper hand there, twenty years later than it did fifty miles to the west? It is all idle supposition.

It is hardly necessary to go further in exposing the fallacies of this assumed basis for the methane theory. When the reasons given are grounded on false premises, the deductions tumble. The chief argument for the support of Dr. Morse's discovery is drawn from the present invasion of ague into Central Connecticut, but the points he has endeavored to make there are all wrong, and the conclusions fail. The facts are that fever and ague began to be prevalent in the southwest corner of Connecticut about twenty-five years ago; from thence it began spreading to the north, northeast, and east, with an erratic but gradually increasing front, slowly but surely advancing year by year, with a systematic and well-defined progress up to the present time, covering in Connecticut, extending over all Western Massachusetts to the north, to the northeast into Central Massachusetts, half way from the Connecticut River to Boston, and to the east and nearly over all Rhode Island. The causes that underlie this invasion are not known. Its history contradicts all the theories of malarial etiology that have been offered. After noting the progress of the trouble for six or eight years, and observing the opposite conditions under which its phenomena were manifested, I had the temerity to say in the Philadelphia Clinical News of January 8, 1881, on noticing that the Health Board of Massachusetts proposed to investigate the cause of the trouble in the southwest part of that State: "The Board of Health, which proposes to look after the causes of ague and fever in the southwestern corner of Massachusetts, will, unless it is different from any other health board ever heard of, discover, or believe it discovers, the potentiality of the disease. It must report; and after it has reported we shall know all that we now know about it, and nothing more." For that utterance I was taken to task as a skeptic in malarial etiology. But to-day, in all this New England section, that utterance stands true, and confessedly true by the published evidence of even those investigators who started in pursuit of their own theoretical phantoms. I wish to repeat here in substance what I have before put in type: The potential factor of intermittent fever—the essential essence, the necessary force—without which other conditions are power-

less for the generation of the disease is an ungrasped and an unknown quantity. The man who starts in the pursuit of his own preconceived theory in relation to it finds himself following a will-a-wisp that disappears in the fog of his erroneous assumption, and so returns empty from the chase.

ROCKY HILL, CONNECTICUT.

Miscellany.

DIABETES MELLITUS SUCCESSFULLY TREATED WITH BORACIC ACID.—F. A. Monckton reports, in the Australasian Medical Gazette, a case of diabetes mellitus cured by the use of this drug. He says, while pointing out that the value of boracic acid as a diabetic remedy has only been proved in this one case, let me earnestly beg that those who have an opportunity of watching its effect will try it. When placed on the boracic acid the patient's urine had a specific gravity of 1.025. Seven grains of the acid were given three times a day, and at the end of ten weeks the specific gravity was 1.016; no sugar. He continues the drug, however, as it produces no unpleasant effects. No stringent dietary regulations were observed in this case.

"WEALLY, ah, I beg your pardon, miss, if I intrude," said a dude from Cincinnati, the other evening, on discovering a pretty girl milking a cow.

"No intrusion, sir," said the girl, blushing like a rose.

"Ah, my dear damsel, cawn't I assist you?"

"Certainly, sir; just stand where the cow can see you."

"Of course I will, me chawmer; but what do you want the cow to see me foah?"

"She will think you're a calf, and give down her milk faster."

CESAREAN SECTION AFTER DEATH OF THE MOTHER.—Dr. J. M. Hays, of Oxford, N. C., reports a case of this kind in the North Carolina Medical Journal. As soon as he satisfied himself that the mother was dead, he quickly opened the abdomen and removed a living child from the uterus; the child was eight and a half months old, and bids fair to live.

THE cost of the Montreal smallpox epidemic, it is said, will reach \$5,000,000.

PREVENTION OF LACERATION OF THE PERINEUM IN PRIMIPARÆ.—Dr. P. Gaussen, in the *British Medical Journal*, recommends the following method to be followed in order that this accident be avoided: As the fetal head, with each successive pain, gradually dilates the perineum and the os tunicæ, the fore and middle fingers of the right hand should be passed up behind the pubes during a pain as high as possible; and, having grasped the occiput, if possible, being inserted in some suture, should be retained there till the pain subsides, and as the head recedes in consequence, the movement of flexion is greatly aided. Then, during the few pains which immediately precede the birth of the head, the occiput should be grasped in the hollow of the right hand, and pulled down from behind the pubes, while the frontal part of the vertex should be pushed in an upward and backward direction toward the sacrum with the thumb of the same hand. This being accomplished, flexion is complete, and the termination of the case may be left to nature. With the above I combine lubrication of the parts and the prolongation of the second stage, as far as the limits of safety to the mother and child will permit.

POISONING FROM TINCTURE OF BRYONIA. C. Dixon, M.D., reports, in the *Australasian Medical Gazette*, a case of poisoning by eighty minims of the homeopathic tincture of bryonia. He says the symptoms were very much like poisoning from veratrum viride, and were treated by stimulants, as ammonia, nitrite of amyl, coffee, etc., with heat to the extremities.

THE OPERATION OF TURNING.—The *Medical World* says that when you can not find the feet of the child, in the operation of turning, reach for the fundus of the uterus, and when there open the hand widely and withdraw it slightly. The feet will then come into the hand of the operator, the knee-chest position will sometimes facilitate the operation.

DR. VAN S. LINDSLEY, Professor of Diseases of the Eye and Ear in the Medical Department Vanderbilt University, at Nashville, died after a painful illness, November 15th ult.

THE TREATMENT OF FROST-BITTEN FINGERS AND TOES.—Dr. Lapatin, in the *Proceedings of the Caucasian Medical Society*,

advises that fingers and toes which have been slightly frost-bitten, and which subsequently suffer from burning, itching, and pricking sensations, should be painted, at first once and afterward twice a day, with a mixture of dilute nitric acid and peppermint water in equal proportions. After this application has been made for three or four days the skin becomes darkened and the epidermis is shed, healthy skin appearing under it. The cure is effected in from ten to fourteen days. The author has found this plan very effectual among soldiers who were unable to wear their boots in consequence of having had frozen feet. They were in this way soon rendered capable of returning to military duty.—*British Medical Journal*.

EPHEMERIS DISCONTINUED.—Dr. Squibb announces the discontinuance of the interesting little series of pamphlets which, for the past few years, he has issued under the name of "An Ephemeris of Materia Medica, Pharmacy, Therapeutics, and Collateral Information."

ERRATA.—In the article by Dr. James Weir in the last issue of the *News*, second column, ninth line from bottom, page 354, for hydrocephalic read cephalic.

DR. ERNEST FUCHS has been appointed the successor to the late Prof. Jäger, in the chair of ophthalmology in Vienna.

MARINE MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended December 5, 1885:

Wyman, Walter, Surgeon, granted leave to attend meeting of American Public Health Association. December 3, 1885. *Benson, J. A.* Passed Assistant Surgeon, granted leave of absence for fifteen days. November 28, 1885. *Armstrong, S. T.*, Passed Assistant Surgeon, granted leave of absence for eight days. November 30, 1885. *Wasdin, Eugene*, Assistant Surgeon, granted leave of absence for thirty days. November 28, 1885. *Watkins, R. B.*, Assistant Surgeon, to proceed to Galveston, Tex., for temporary duty. November 30, 1885.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from November 29, 1885, to December 5, 1885:

Major R. S. Vickery, Surgeon, U. S. A., relieved from the assignment as acting medical director, Department Col., to date the 16th inst. (S. O. 200, Department Col., November 23, 1885.)

The Louisville Medical News.

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HYPNOTISM.

Something more than a century ago Anthony Mesmer discovered the method of inducing a somnambule sleep or trance which, in honor of its author, was called mesmerism. It was at the time a theme of absorbing interest, which gradually died away until about fifty years after, when Dr. Braid, of Manchester, revived it, and by careful experimentation stripped the subject of much of its mystery, and gave it a more scientific turn. For a while the method took the name of braidism, which in many places it still retains.

The procedure adopted by Braid, which is an improvement upon that of Mesmer, is described by him substantially as follows: A bright object is held by the operator about fifteen to eighteen inches in front of the subject, and at such an elevation above the line of vision as shall place the greatest amount of strain on the eyes and eyelids. The subject is directed to maintain a steady, fixed stare at the object for a few seconds. After so short a time as ten or fifteen seconds, some individuals may be intensely affected; and if so, it will be found that on gently elevating the arms and legs, the sub-

ject has the disposition to retain them in the position in which they may be placed. If this is not the case, the person is to be requested, in a soft tone of voice, to retain the limbs in the extended position, whereupon the pulse will become greatly accelerated, his limbs, in process of time, becoming very rigid and involuntarily fixed.

By slightly prolonging this process Esdaile, of India, was accustomed to produce a state of nervous sleep so profound that surgical operations were done under its influence as easily and as painlessly as if the patient had been under chloroform.

Dr. Braid, however, did not usually proceed beyond the production of a semi-cataleptic state, in which, by directing the attention of the patient to the morbid part, many marvelous instances of relief were accomplished by him. His method possessed many advantages over the faith cure, which is nothing more than the strong excitement of expectant attention in the person desiring to be healed; for by this the mere concentration of the attention exerts a remarkable influence when skillfully directed, exalting the action of some parts and lowering that of others.

Notwithstanding these remarkable manifestations and interesting results, the method again fell into neglect; probably on account of its having been taken up by quacks and charlatans, who brought it into reproach.

All along the method known by the name of hypnotism has received more or less attention in France, and now, under the lead of Charcot and others, there is fair prospect that through scientific methods it will be made to yield whatever there is in it of worth and usefulness.

The fundamental phenomena, such as sleep, narrowing of the field of consciousness, blotting out of memory, insensibility, or hyperesthesia, modifications of neuromuscular irritability, hallucination in obedience to suggestion and the like, have become too familiar, even to the general public, to excite any longer much of interest. The attention of investigators is now

directed more exclusively to the curiosities of the hypnotic state, to the rare phenomena manifested by the individual subjects, and from which most may be hoped for in the way of light thrown upon what, after all, is a great mystery.

Among the most interesting novelties are the post-hypnotic impulses, which may take place weeks or even months after the individual has been hypnotized, in obedience to suggestions made during the trance, of which suggestions themselves nothing is remembered, the subject usually assigning for the act which he finds himself irresistibly driven to perform, some pretext trumped up at the moment.

The malign power which this gives to any unscrupulous operator is obvious, in case he should be disposed to use his subjects as cats'-paws in the commission of crime. It has been suggested that in case the subject mistrusts the operator, he should have himself hypnotized by some other person who might free him from the evil suggestions. This might work well enough if the suggestions manifested themselves between dates so that they could be suspected and thwarted.

The inhibition of certain processes by negative suggestion is among the greatest curiosities of hypnotism, and bids fair to open up the way to important psychological secrets by isolating phenomena which usually are found combined. A patient may be made blind or deaf to special objects and to nothing else, just as he may be made blind of one eye, deaf of one ear, or insensible to pain in one part of the body, and all by verbal suggestion that he shall become so.

The distinction that psychology makes between the mere sensation and the mental translation or assimilation of it, so as to form a percept, is beautifully brought out in these experiments. It seems that in them blindness or other peculiarity is not the lack of sensation, but the failure to interpret the sensation. A patient, for instance, made to look at a red wafer on a sheet of paper, but told there is nothing there, will not

see the wafer, will say that the entire field of view is white. As soon, however, as the wafer is blown away, he will say that he sees a green spot, its negative after-image. Likewise, a patient made blind to a particular bystander can not be made to see him. In some way, however, he must discern the person so singled out, some sort of a sensation of him must be there, or he could not be singled out for invisibility.

The hemi-hypnotic phenomena exhibit the results of a moral vivisection, as it were, of the patient. One side of the body may be cataleptic or lethargic, the other awake; one side of the face may be made to laugh, the other to weep.

If a cataleptic subject is set to knitting, and the operator closes one of her eyes, the hand on the corresponding side falls inert, and the other continues all alone to perform the knitting movements. If a magnet is brought to the side of the patient opposite the one in which unilateral movements are being made, and that even without the patient's knowledge, the movements will be transferred to the other side.

But the most remarkable phenomena yet observed were related at the last meeting at Grenoble of the French Association for the Advancement of Science, by MM. H. Borru and P. Burot, of Rochefort, attachés of the School of Naval Medicine of that city, and vouched for as entirely trustworthy by the *Revue Bibliographique Universelle*.

When these patients were hypnotized a closed vial of jaborandi, held near one of them without his knowledge, would produce profuse sweating; in the same way ipecac, apomorphine, and other emetics produced vomiting; chloral and opium, sleep; scammony and other drugs of the class, purging; and alcohol a state resembling intoxication. These phenomena were further illustrated in another case. Dr. Mabile, of La Rochelle, had a hystero-epileptic subject whom he mesmerized one evening, saying that at a certain moment he would bleed from the nose. At the hour specified the epistaxis occurred. In later experiments

stigmata were brought out on the arm by "ante-suggestion."

Hypnotism it seems, therefore, offers a wide field for scientific investigation, and an extended range of therapeutic possibilities.

Bibliography.

A Complete Pronouncing Dictionary; embracing the Terminology of Medicine and Kindred Sciences, with their Signification, Etymology, and Pronunciation, with an appendix, comprising an explanation of the Latin terms and phrases occurring in Medicine, Anatomy, Pharmacy, etc.; together with the necessary directions for writing Latin prescriptions, etc. By JOSEPH THOMAS, M. D., LL. D., author of the *Système of Pronunciation in Lippincott's "Pronouncing Gazetteer of the World,"* etc.; on the basis of Thomas's *Comprehensive Pronouncing Medical Dictionary*. 8vo, pp. 844; cloth. Philadelphia: J. B. Lippincott & Co. 1886.

The appearance of a new medical dictionary is to be looked upon at any time as an important event in science; but the volume under notice will doubtless be accorded the honor of marking an epoch in medical teaching and conversation. The profession has had for many years, in *Dunglison*, a repository of medical etymological learning, admirable in its way and rich beyond successful rivalry, but wanting in the all-important department of pronunciation.

It is to be regretted that this great scholar, whose work has been for so long and still is the authoritative standard for the definition of medical terms, failed to fix the standard for their proper pronunciation. In consequence of this failure medical terms have been uttered according to the learning, taste, or fancy of our teachers, with results which are too painfully apparent on every hand. A work to which the bewildered student or practitioner can turn for a fixed mode of pronunciation with words which are spoken on every hand with accents and sounds that violate every known law of orthoëpy is, to say the least, refreshing.

The author's scheme of pronunciation is in the main admirable, and in accord in most points with the teaching of the best scholars; but before it is made the standard in our colleges, it is to be hoped that the slight which he puts upon the Greek double consonants, $\Phi\theta$ in *phthisis*, when he pronounces it *tisis*, will be atoned for, and his undue

fondness for softening the γ at the beginning of words (as in *gynecology*) abated; but since the latter error is committed at Oxford, the author may be forgiven for falling into it.

In the matter of definition the author is usually happy and sufficiently explicit. He does not pretend to do more than may be legitimately asked of the dictionary-maker, and they who go to his book for encyclopedic lore will be disappointed.

In the appendix may be found a fund of useful information upon medicine and kindred topics, such as a statement of the metric system of weights and measures, full directions for the correct writing of Latin prescriptions, a table of the order and classes of living mammalia, posological tables, chemical symbols, etc.

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Annual Report of the Surgeon-General, United States Army. 1885.

In times of peace the annual report of the chief medical officer of the army is necessarily a modest publication, but the work under notice bears abundant testimony to the efficiency of the army medical

service, and contains many valuable suggestions for the use of those who have the care of men in camp.

The work is an octavo of ninety-three pages, to which is appended eight charts, illustrative of the prevalence of enteric fever, typho-malarial fever, malarial fever, diarrheal diseases, rheumatism, pneumonia, bronchitis, and catarrhs, during the months of the year 1884, and the preceding decade.

Though the work is especially designed for the instruction of the army medical corps, its pages will be sought by the hygienist and statistician for valuable information not otherwise accessible.

Some of the Causes of Failure in Operation for the Correction of Squint. Read before the Kentucky state Medical Society, June 25, 1885. By Dudley S. Reynolds, M.D., Professor of General Pathology and Diseases of the Eye and Ear in the Hospital College of Medicine, Louisville. Reprint. Philadelphia Medical Times.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The good example set by the late Dr. Wm. Farr, for many years chief of the statistical department of the General Registry Office, of preparing a decennial report, embracing the returns of mortality for the whole of each period, has been continued by Dr. William Ogle, Dr. Farr's successor. The report shows that, although the mean annual death-rate for England and Wales during the decennium 1871-80 has fallen to 21.27 per thousand, or lower than that of any previous like period since civil registration began, yet, that the advantages hence arising have been unequally shared among different classes of the population. The male death rate has fallen by 4.24 per cent, and that of females by 6.02 per cent, since the immediate preceding decennium. The gain, moreover, has been rather in the earlier than in the later periods of life, during which the rates show a positive increase, but with the difference, that while the male death-rate was higher than in the previous decennium at each period after thirty-five years of age, that for females did not show an increase till after forty-five years of age.

In considering the causes of the general diminution of mortality, and also of the inequality of the results at different ages, Dr. Ogle is of opinion that much must be laid to the credit of the various proceedings which may be comprehensively described as sanitary reform, and he thinks it possible that such reform, by removing or diminishing sources of disease which press heavily on the young, may promote the survival of a certain number of comparatively weakly persons, who, after all, by not attaining old age, tend to increase the death-rates of the later period of life. Against this consideration, however, he urges that the effect of sanitation would also be to preserve the health of many children who might otherwise not have been killed but more or less crippled by disease, and who might have been expected to attain adult age, but not longevity. Assuming these two modes of operation to some extent to balance each other, there remain as causes of adult mortality the intensity of the struggle for existence in the present day, and also the effects of the ever increasing tendency of the adult rural population to migrate into towns in which the mortality is always higher.

A diminished death-rate in the earlier and an increased death-rate in the later periods of life might at first sight occasion doubt as to the extent to which the community would derive benefit from the change, as to the extent, that is, to which the saved life would fall into useful and productive as distinguished from useless and dependent periods. To this question the tables contained in the report furnish an entirely satisfactory answer, and they are summarized by Dr. Ogle with remarkable clearness. He forms from them new life-tables for males and females separately, which start with the assumption of a million of births. The tables then show how many of the million, according to the death-rates of the decennium 1871-80 would be surviving at each year of life, and what would be the average expectation of life of the survivors. According to the old table, 1838-1854, one half of the million males would have died before the end of the forty-fifth year, and one half of the million females before the end of the forty-seventh year. According to the new table, one half of the males would not have died until after the end of the forty-seventh year, and one half of the females would be surviving at the end of the fifty-second year. The male survivors at the end of every year, by the new table,

exceed the survivors of the same age by the old table at every age up to the sixty-seventh year, at the end of which the survivors, by the new table, would be 267,829, and the survivors by the old table would be 267,160. After this there is a change, and the survivors at the end of each subsequent year are more numerous by the old than by the new table. With regard to females, it is not until almost the very end of life that the survivors by the new table become fewer than by the old, for even at the end of the ninety-second year of life there are as many survivors by the new as by the old table, notwithstanding that the female death-rate has increased after the 45-55 years period. A female born in 1871-80 has a better chance of living to be ninety-two than one born in 1838-54, but a slightly less chance of living longer than that. On the other hand, a male born during 1871-80 would have a better chance of living sixty-seven years. His chance of living to complete ninety years would be fully one-ninth less than in the earlier period, or more precisely, would be as 8.015 to 9.321. But the mere fact that the male death-rate has increased after the 25-35 period of life must not be interpreted to imply, as might be hastily assumed, that the number of males surviving out of a given number will be less after that age; for, as has been shown, the contrary is the case up to the sixty-seventh year; the explanation being that the death-rates before the 34-45 period of life have gone down so greatly since 1838-54, and the survivors of the end of the forty-fifth year are so much more numerous than they were under the older rates, that they can support the higher mortality of after years for a considerable period, and yet retain their numerical superiority.

The association for supplying medical assistance to the female natives of India is rapidly preparing to set to work in earnest. The plan of the association, as directed to this object is fourfold. First, they seek to attract to India women doctors who have received a first-rate medical education. Secondly, for the purpose of attracting them, they propose to form a guarantee fund which should secure to them a moderate subsistence for a term of years. Their next object is to erect hospitals for the reception of women, worked by a staff of female doctors and nurses, and dispensaries for the relief of women and children conducted under the same conditions. Lastly, they seek to

establish scholarships for the encouragement of female medical students of smaller pecuniary value, if the students study in India, and of larger, if they study in England. Lord Hobhouse says the qualifications necessary for a woman to undertake successfully such work in India must be "good abilities, good health, a thorough education, and an unusual amount of zeal and enterprise, courage and self-denial, to enable them to live poorly-paid lives of great labor." The beginnings of medical practice for female doctors in India will no doubt be arduous and ill-paid, as they are every where, but there can be no doubt that the prize of a great fortune lies open to the women who are first in the field of enterprise, and who bring resolution and industry as well as ability to the work.

An excellent through service to the various health resorts in the south of France has commenced twice daily from Victoria Station, at 8 o'clock A. M. and 8 o'clock P. M. There is now no fumigation or other restriction placed upon passengers traveling south.

LONDON, November, 1885.

INTERNATIONAL CONGRESS.

SPECIAL ANNOUNCEMENT.—The Executive Committee of the Ninth International Medical Congress, to be held in the city of Washington, D.C., commencing on the first Monday in September, 1887, having accepted, under Rule 10 of the Committee on Preliminary Organization, the charge of the business of the Congress, hereby give notice to the members of the medical profession that they have been actively engaged upon, and have now nearly completed the arrangements for this meeting; and they anticipate the hearty co-operation of the profession every where in developing this great scientific and humanitarian assembly.

By order of the Executive Committee.

HENRY H. SMITH, M.D., Philadelphia,
Chairman of Executive Committee.

NATHAN S. DAVIS, M.D., LL.D.,
Secretary-Gen'l of Ninth Int. Med. Congress.

ANTIPYRINE.—M. Dumolard gives preference to the following formula: Antipyrine, 20 parts; Jamaica rum, 30 parts; syrup and water, each, 150 parts. In typhoid fever he gives a teaspoonful three times a day.—*New York Medical Journal.*

Selections.

MODIFIED FORM OF TYPHOID FEVER.—After describing an epidemic of a modified form of typhoid fever that occurred in Victoria, B. C., Dr. G. L. Milne thus concludes his article in the *Canadian Practitioner*:

1. The peculiar mode of attack in this epidemic, the temperature being the highest on the second or third day of fever, and beginning to decline about the tenth day, with mild enteric symptoms and low mortality.

2. Although the sanitary condition of the city was unfavorable, the typhoid poison did not seem to cause a virulent form of typhoid fever.

3. The epidemic referred to was similar to the continued malaria of some writers who live in malarial districts; but as for this city and district, the presence of malaria must be dispelled.

4. That the so-called typho-malarial and continued malarial fevers are misnomers, as in the presence of the typhoid poison malaria ceases to exist, and the continued malaria of some writers are no doubt cases of modified typhoid fever, as quinia, even in large doses, has no control over the fever, nor does it seem to check its progress.

5. That epidemics of modified typhoid fever occur in all parts of the continent—the Atlantic coast and Middle States—where malaria exists, and also on the Pacific coast where malaria is unknown. Taking the subject in a topographical and geographical point of view, the study of typhoid fever in a modified form is of the utmost importance, especially as to treatment.

6. That the treatment of all continued fevers should be conducted just as if true typhoid existed, no matter how modified the symptoms may appear. The death-rate under these circumstances would be very much reduced.—*Medical and Surgical Reporter*.

THE TREATMENT OF CHOREA.—In a paper on this subject, presented to the Harveian Society, of London, Dr. W. B. Cheadle, after referring to the failure of innumerable specifics, and to the skepticism too widely engendered therefrom, declared his own belief in the value of medicinal treatment. Speaking from the careful notes of one hundred and sixty cases observed during a period of eight years, he stated that the average duration of the disease

under treatment had been five weeks (the extremes being ten weeks and four days); whereas cases without treatment might extend from eleven to fifty-two weeks, or indefinitely. The author had tried various methods, including rest and expectancy, with results sometimes beneficial, but never completely successful. In arsenic, he had at last found an agent which did succeed. Todd, as long as forty years ago, had recognized its power; so had Babington and Begbie; but dread of the poison had checked their use of the remedy. Dr. Cheadle proceeded to narrate some striking cases of rapid improvement under the influence of ordinary doses of liquor arsenicalis, with small doses of tincture of perchloride of iron. A comparison of long series of cases treated without arsenic and with arsenic respectively, gave for the former an average duration of forty days, for the latter, twenty-nine days; and this difference was increased when the last fifty-eight cases were compared with fifty-eight consecutive cases in the former series, the average duration under arsenic being only twenty-four days. Arsenic was in every case well borne, excepting a remarkable result repeatedly observed by the author, but not hitherto described by others; viz., a bronzing of the skin analogous to that observed in Addison's disease. The staining was most masked in the flexures, did not affect the face, and ultimately disappeared. In one case, however, it had become permanent, but would probably vanish in time. The pigment deposited was not metallic, as in discoloration by silver, but resembled the pigmentation due to chronic congestion. In conclusion, while advocating arsenic in chorea, the author did not wish to depreciate the value of other therapeutic agents, which should be employed concurrently.

COCAINE-POISONING FROM AN UNUSUALLY SMALL DOSE.—Dr. T. H. Burchard gives in the *Medical Record* the following interesting case, which may serve to call the attention of the profession to the possible dangers incidental to the hypodermic injection of cocaine:

I was recently called to remove a needle from the sole of the foot of a young man whose personal characteristics doubtless had much to do in precipitating a condition of things that were well-nigh fatal. He was a tall, "white-livered" youth of twenty-two years, standing six feet two inches, and

weighing one hundred and twenty pounds. He was remarkably white—complexion, eyes, hair, etc. To deaden sensibility, I injected beneath the skin, close to the needle, *ten drops* of a four-per-cent solution hydrate of cocaine. In about four minutes my patient suddenly clutched his throat, exclaiming, "I am dying," and fell from his bed unconscious. Respiration ceased, his jaw dropped, his eyes rolled upward, and to all appearances he was dead. His heart was beating very faintly, although his radial pulse was imperceptible. Although startled at this unlooked-for state of affairs, I began artificial respiration at once, and injected, in the absence of any thing better, several hypodermics of an aromatic smelling-salts that chanced to be in the room. Later I injected, in two doses, a twelfth of a grain of sulphate of atropia. In addition to a sinapism over the heart, hot bottles and alcoholics, etc., were employed. Fifteen minutes after the catastrophe his pulse was about forty-eight, very feeble; respirations seven to eight; pupils *contracted*. Unconsciousness continued about twenty minutes. Afterward he convalesced nicely. Inferences from the above are obvious.

THE SYMPTOMS OF ACUTE NEPHRITIS IN CHILDREN.—In an interesting article on this subject, in the Archives of Pediatrics, November, 1885, Dr. W. H. Porter says:

The symptoms depend largely upon the cause of the renal lesion, and naturally vary with them. When the patient is attacked with acute diffuse nephritis, and the cause is believed to be due to exposure to cold, or perhaps can not be discovered, it will be found that the disease usually begins with a chill, followed by fever, pain in the back and region of the bladder, difficult and frequent micturition, and a very much diminished quantity of urine. Such cases may be divided into groups according to severity.

a. In very acute cases these symptoms are rapidly followed by signs of uremic poisoning, convulsions, coma, and death, which ensues in from twenty-four to thirty-six hours after the appearance of the disease.

b. In subacute cases edema of the inferior eyelids and feet appear in a day or two after the invasion, followed by general anasarca, while dropsy, abundant or otherwise, may make its appearance. The cephalic symptoms are those of the milder type of renal affections, consisting chiefly of pain in the head, drowsiness, and stupid

feelings, but delirium rarely appears; after a few days or weeks the intensity of the symptoms abate, and the child is apparently cured, although some albumen and a few casts may persist, and be found in the urine for six months or a year afterward.

c. In still other cases of a milder type edema and dropsy are the first symptoms that present themselves. There may be some nausea, slight pain in the back and in the region of the bladder, and dimness of the vision. These symptoms are followed after a short time by a waxy pallor and a very anemic condition, the nausea giving place to violent and often persistent vomiting. The child is much bloated from the increasing anasarca and dropsy, and may become "water-logged." Drowsiness and stupor are often quite marked. In these cases the sight may be impaired from a retinitis, or inflammation of the optic nerve. These symptoms, however, gradually disappear, although as in the former class, the albumen and casts persist in the urine for a considerable time.

d. When the acute diffuse nephritis appears as a sequela to scarlet fever, it usually develops on the fourteenth, the twentieth, the twenty-first, or the twenty-second day; that is, from the second or third week after the invasion of the scarlatina. This is the time when desquamation is most active, the skin very sensitive, and the patient restless from confinement. They slip from a warm to a cold room, or a window is left open, and the child is exposed to a sudden and cold current of air. In this way, almost unnoticed, the surface is unexpectedly chilled, the physiological processes at once interrupted, more work is precipitated upon the already weakened kidneys, and the nephritis set in motion; suddenly, apparently without cause, the increased temperature returns; headache, drowsiness, and stupor make their appearances, the skin becomes dusky, and the diagnostic waxy pallor of nephritic disease is developed. There is myalgia, edema of the face and extremities, followed shortly by general and extensive anasarca, abundant dropsy of the large cavities and great dyspnea. In the worst cases the urine is suppressed, and convulsions, coma, and death rapidly ensue.

POST-MORTEM ALBUMINURIA. — It has been found by MM. Vibert and Ogier that the urine drawn from the bladder of a cadaver is almost invariably albuminous, even when there was no lesion discoverable in

any part of the urogenital apparatus. It was noticed in their experiments, also, that the longer the time was since death had occurred, and the less urine there was in the bladder, the greater was the proportion of albumen contained in it. The source of the albumen in these cases was shown to be the mucous membrane of the bladder, for when the bladder was removed from the cadaver, emptied of its contents and washed, and then filled with distilled water, this fluid was found in a short time to become markedly albuminous.

This is a point well worth bearing in mind in the examination of the bodies of those who have died suddenly. For the mere fact of there being albuminous urine in the bladder would be insufficient to base a diagnosis of renal disease upon, and should not be given great weight unless corroborative pathological changes were also found in the kidneys.—*Medical Record*.

THE SURGERY OF SCROFULOUS GLANDS.—Dr. T. P. Teale in a course of clinical lectures on the subject (*Medical Times*), delivered at the Leeds Infirmary, summarizes his experience of the last seven years in the operative treatment of scrofulous glands. In regard to the surgical treatment he lays down the following principles:

1. Surgery can bring about in a few weeks the healing of gland cavities and sinuses, though of years' duration, and of wounds resulting from the removal of caseous and suppurating glands.

2. In dealing with sinuses, gland abscesses, and broken-down glands, the treatment must be vigorous and thorough.

3. The visible abscess, often called and treated as a strumous gland, is, as a rule, merely a subcutaneous reservoir of pus, the gland from which it comes being *not subcutaneous* but *subfascial*—sometimes even sub-muscular—the communication between the two being often only large enough to admit a small probe or director.

4. It is futile simply to puncture such an abscess without removing the gland deeper seated.

5. When a damaged gland is removed before the overlying skin is thinned by sup-puration, the resulting scar is slight.

6. When depressed cicatrices resulted, there had been, in almost every instance, long-standing sinuses present.

7. In dealing with a sinus, the channel should be enlarged by a knife or "Bigelow's sinus dilator," and the whole of its granu-

lating surface scraped off. When a shallow sinus is covered by thin blue skin, this should be rasped away by the scraper, and any over-hanging cutaneous edges are to be trimmed off with scissors.

8. In dealing with an abscess, the surgeon should in no instance rest content until he has discovered and eradicated the gland, always remembering that if it be not obvious, there is sure to be a small track leading through the deep fascia to the missing gland; this should be enlarged to admit the spoon of the scraper.

9. When the gland has not suppurated, and is moveable, it can be removed with very little dissection, almost by enucleation, and the resulting scar is insignificant.

10. When a gland has suppurated, and generally when it has become caseous, the capsule should be freely opened and the contents eviscerated by Lister's scraper. This is sometimes quite difficult, the tough lining stump being closely adherent to the capsule. This remnant should be dissected away, even at the risk of injuring other structures.

11. Sometimes, after such evisceration, the finger detects the bulging wall of a contiguous gland. This should be opened and removed through the wall of the cavity. Thus three or four may be removed through one external opening, when in close contact and broken down or suppurating.

12. The cavity, after removal, should be well cleansed by a carbolic-acid solution (1-40), and then charged with iodoform. A rubber drain, reaching to the farthest recess, is fixed to one extremity of the wound, the edges of this being carefully brought together by fine catgut sutures. The whole is covered by an antiseptic absorbent dressing. The tube should be removed in a week. It is rarely necessary to remove it. Should a further drain be necessary, one of gilt wire should be inserted, which should remain until all is healed except the track of the tube.

Of the various scrapers used, Dr. Teale prefers that devised by Lister, the cup of which is oval, almost circular, and the handle long and having a double curve. Bigelow's "sinus dilator," which works on the principle of an ordinary glove-stretcher, he finds a valuable instrument in these cases.

HABITUAL ABORTION AND KIDNEY DISEASE.—Much has recently been written on albuminuria in pregnancy, and on the relation of disease of the kidney to physiolog-

ical and morbid enlargement of the uterus. At the recent meeting of German scientists and medical men at Strasburg, Dr. Fehling, of Stuttgart, read a memoir on habitual death of the embryo in kidney disease. In the first case under his observation, premature expulsion of a dead fetus occurred six times, and there was no evidence of syphilis. At every pregnancy, anasarca, albuminuria, and death of the fetus, with severe cramp of the abdominal muscles, occurred between the fifth and sixth month; the dead fetus was expelled from three to ten weeks later. In the second case, similar symptoms appeared in a young unipara; the fetus died, and thereupon the albuminuria abated. In the third case, the patient had borne two healthy children. During her third pregnancy, albuminuria and characteristic changes in the retina occurred; and, during the fourth, she was seized with hemiplegia; in both, a decomposed fetus was expelled at the fifth month, with subsequent decrease of the albuminuria. In the fourth case, the patient, in her first pregnancy, aborted at the fifth month; then she gave birth at term to a recently dead child. In the third pregnancy, great edema and albuminuria supervened, the child was still-born, and the mother died of uremia. Dr. Fehling believed that, in all these cases, kidney diseases existed before pregnancy, which aggravated the renal symptoms. Winter had described two cases of premature detachment of the placenta, normally situated, where albuminuria existed. Dr. Fehling found atrophy of the villi of the chorion, with wedge-shaped or spherical infarcts in the placenta, in his cases, similar to renal infarcts. The infiltration of the chorionic villi and vessels of the umbilical cord with small cells, as seen in syphilis, was absent, nor did any of the embryos exhibit a trace of congenital syphilis.—*British Medical Journal*.

A NEW ANESTHETIC.—A year ago Dr. v. Mering mentioned at the meeting of the Natural Scientists, at Eisenach, the hypnotic and anesthetic effects of the acetates. He recommended further trials with a mixture of two volumes dimethylacetate and one volume chloroform. The dimethylacetate has the chemical formula of $C_4H_{10}O_2$, a specific gravity 0.87, reaches the boiling-point at 64° , has an odor resembling fruit, burns with a smoky flame, and is not decomposed by the light. For the last six months experiments have been made with

the mixture above described at the Strasburg clinic. The price is at present an objection to its general use, one pound costing about \$33. The mixture has very little if any effect upon the heart, the pulse evincing no alteration under its influence. The patient feels remarkably well when awakening, there is no headache or fullness of the head. The skin is not irritated by it, and the urine never contained albumen or sugar after narcosis. With robust men it takes fifteen minutes to cause complete insensibility, but with children and anemic persons the effect is more rapid. After a trial in fifty cases, Dr. F. Fischer, assistant at the clinic, recommended its use in the following cases:

1. In cases where gastric catarrh and vomiting as a consequence of the narcosis ought to be avoided.
2. In cases of laparotomy.
3. Diseases of the heart.
4. Nephritis.
5. Affections of the central nervous system, especially infantile paralysis and epilepsy.
6. When dangerous symptoms develop under narcosis as usually induced, while the operation can be concluded only while the patient is under the influence of an anesthetic.—*Medical and Surgical Reporter*.

TUBERCULAR MENINGITIS CURED BY IODOFORM.—A Swedish physician, Dr. Emil Nilsson, alleges that he has cured an undoubted case of tubercular meningitis by frictions on the shaved scalp with iodoform ointment (1 to 10). The patient was a boy, aged eight, whose mother had a family history of phthisis, and four of whose brothers and sisters had died from tubercular meningitis. The symptoms in this child's case were similar to theirs—headache, torpor, convulsions, strabismus, and pyrexia. He was at first treated with calomel and iodide of potassium, but did not improve; and, after having been under treatment a week, became distinctly worse, being unable to take food or medicine. The pallor of the face, which had pre-existed, gave way to flushes of the cheeks. The child threw himself out of bed, and presented severe clonic spasms of the limbs and of the facial muscles. The head was then shaved, and iodoform-ointment rubbed in, an oil-skin cap being put on. The friction was repeated three or four times in the day; and the next day there was a decrease in the convulsive movements, the sleep was calmer,

and the spasmodic contractions, which had previously been excited by the slightest noise, now ceased to be so. Consciousness shortly afterwards returned, and the child's face became of a more natural color. This, however, was accompanied with a severe coryza, redness of the lips, and an irritable cough, the breath smelling strongly of iodoform. The ointment was discontinued, and syrup of iodide of iron given. The unpleasant symptoms rapidly disappeared, and the child was soon running about in good health.—*British Medical Journal*.

A NEW URINARY TEST.—There is often considerable difficulty in making a positive diagnosis in the early stages of typhoid fever. Malarial fevers, acute general tuberculosis, and other febrile conditions may resemble for a time the early stages of typhoid. For this reason the peculiar urinary reaction occurring in typhoid and typhus, to which attention was called by Dr. Dana at a recent meeting of the Practitioner's Society, is of much interest. This test consists in adding to the urine an acidulated solution of sulfanilin acid. The mixture is then made alkaline by the addition of ammonia, and allowed to stand for twenty-four hours, when a greenish-colored deposit of phosphates occurs. This reaction is scarcely ever seen in the urine of healthy or afebrile persons, and very rarely in the urine of febrile cases, except those of typhus, typhoid fever, and measles. Consequently its appearance in the urine may have a strong and important confirmatory value in diagnosis.

Professor Ehrlich, to whom we are indebted for this test, believes also that it has a prognostic significance in certain cases of chronic phthisis and of pneumonia.—*Medical Record*.

TREATMENT OF DIFFERENT VARIETIES OF DIARRHEA.—(*L'Union Méd. du Can.*) In the lenteric form, if the child is still a nursling, it should receive lime-water or *eau de Vals*. The nurse or mother should be warmly clothed, and should receive a portion of a mixture of equal parts of carbonate of lime and calcined magnesia every day, in order to keep the bowels open. If the child is two or three years old, a few drops of the tincture of nux vomica taken in some water, before eating, is thought preferable to bismuth or laudanum, and the food should be simple and readily digestible.

A sero-mucous diarrhea should be first treated by an emetic and a purgative, either given together or within a short time of each other. The child must be warmly clad even in summer, and the food should be limited to milk and lime-water or weak bouillon. Should the diarrhea continue, bismuth may be given, a bath morning and evening, and warm stimulating applications to the abdomen. A little laudanum may also be given from time to time. In the diarrhea which accompanies dentition, the child should be well protected with clothing, and lime-water and bismuth administered. In acute enteritis the same treatment is applicable, and if there is vomiting, Sydenham's laudanum in half-drop doses is recommended for children under one year of age, or one drop for children between one and two. In addition the abdomen should be gently rubbed, and starch-water, weakly impregnated with laudanum, be applied with sponge or cloth. Calomel or nitrate of silver are not favored by the author for this trouble. In choleric form diarrhea the indications are to supply heat, and to stop the abundant and exhausting discharge with astringents, alcohol, and other suitable means. Vomiting may be stopped by the use of small quantities of mashed ice. The surface of the body should be soothed with applications of plain warm water and starch-water. Tincture of canella and brandy may also be given in small doses, the proportion of the two substances being as one to five. In some cases a flying blister at the pit of the stomach will be of service, and chicken soup may be used as nourishment instead of milk. Diarrhea of a dysenteric character calls for essentially the same treatment as the choleric form, but a few drops of perchloride of iron may sometimes be added with advantage to check the hemorrhage. In cases which are complicated with cerebral accidents, it must be remembered that in most cases the primary fault lies in the intestines. Bromide of potassium and calomel will sometimes be useful in such cases, but when there are pains in the head and convulsive movements, laudanum is indicated; or if there is coma and prostration, laudanum and ether. If the discharge is not excessive, bismuth and alcohol may be substituted. In dysentery the author advises large doses of alcohol and injections of boracic acid and water (1 to 100), the surface of the body being washed with a mixture of mucilage-water and bismuth. Small doses of calomel and of Dover's

powder will also be useful to prevent constipation. In diarrhea which is an accompaniment of fever, injections of a weak solution of sulphate of quinine are said to be most advantageous. In the diarrhea which accompanies malarial poisoning and syphilis, mercurial preparations are recommended, Van Swieten's solution being suggested. In diarrhea of fevers in general, especially in dothien-enteritis, a large injection containing a disinfectant of some sort, is recommended morning and evening. The injection may be of plain warm water or of starch-water, to which a few drops of laudanum may be added. Two or three drops of perchloride of iron may also be given in a little water every two or three hours. The child should be moved from one room to another at frequent intervals in order to disinfect and aerate thoroughly the vacated room.—*Archives of Pediatrics.*

DIAGNOSTIC VALUE OF THE WHITE STREAK IN SCARLATINA.—(*Abeille Med.*) This phenomenon, which can be produced by rubbing a soft body upon the skin which is affected with the scarlatinal eruption, is considered by the author an important diagnostic sign of scarlatina which has hitherto been overlooked. When in the normal condition one draws a line upon the skin with a smooth surface, as the rounded extremity of a pencil, and uses moderate pressure, there may be observed at the points touched a white line which lasts for some time. This paleness is due to the moderate excitation of the vasomotor nerves and the contraction of the small vessels which follows it. If the pressure has been very strong, in place of a white line a red line bordered by two white ones is produced. The excitation in this case has paralyzed, temporarily, the small vessels in place of contracting them, while in the area which is contiguous where the pressure has been less strong the excitation has led only to constriction of the vessels. In certain diseases the effects which are obtained by this procedure vary greatly. Trousseau, for example, has shown that in patients suffering from meningitis a red line is produced by pressure with the greatest ease, and this has been called the meningitic line. It may also be produced in all the diseases which lead to perturbation of function in the nervous system. Thus, it may be produced in many cases of typhoid fever, in erysipelas, variola, rubeola, and the diphtheritic eruptions. But it is not the same in appearance in scarlatina during the

entire period of the eruption. In place of getting the red meningitic line, a pale, rather persistent line is produced, which extends plainly to the bottom of the eruption. This fact was long ago noticed by Bouchut, and was considered a valuable sign as a means of diagnosis, both in children and in adults. It is not equally prominent and distinct at all periods of the eruption, Velpeau having observed that it is not produced when the efflorescence of scarlatina is at its highest degree of development. In the diphtheritic eruption, which resembles that of scarlatina accompanied with angina, the excitation of the skin produces a red line and not the white one of scarlatina. This sign is especially valuable in those cases of measles in which the eruption closely resembles that of scarlatina. The same is true in variola, in which other differential signs are often absent. It must be borne in mind that the important feature in making this test is that the white line appears upon the surface which is covered by the eruption.—*Archives of Pediatrics.*

MERCURY AND ALBUMINURIA.—At the congress for internal medicine, held at Wiesbaden in April, 1885 (*L'Abeille Médicale*) Dr. Fürbringer reported that he had found, out of a hundred chosen cases, eight syphilitics with perfectly healthy kidneys who developed albuminuria during mercurial treatment; the maximum of albumen being five per cent.

The internal and external exhibition of the mercury was followed by the same results, which persisted during the whole of the treatment and disappeared some weeks after treatment was stopped.

The alterations in the kidneys were therefore not important, as was proven as well by microscopic examination.

In another series of one hundred cases of syphilis which had not been treated with mercury, or were no longer so treated, and in which the kidneys had been healthy, he was able to establish in twelve per cent an albuminuria consecutive to the syphilis.

This in every case was discovered in the stage of the roseola eruption. Here the urine contained formed cylinders, which pointed to a light nephritis. This form of albuminuria gave way to mercurial treatment. Therefore he argues that the existence of albuminuria is not a contra-indication to mercurial treatment, which, on the contrary, should be prescribed as a necessity.—*Journal Cut. and Ven. Diseases.*

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, DECEMBER 19, 1885.

Original.

A MURMUR THAT WAS NOT INDICATIVE
OF HEART DISEASE.

BY E. J. KEMPF, M. D.

The following mistake may be a warning to some young physician not to jump at conclusions.

In May, 1885, Miss H., of D., was sent to me by Dr. B. for examination and advice. The lady was eighteen years of age, single, of a weakly build, anemic, and melancholic. She had a short, dry cough, which seemed more habit than any thing else. Her appetite was bad, her bowels were constipated, she was nervous and hysterical; her monthlies were irregular, scant, and painful; she was troubled with backache, headache, and a general weariness.

I examined her lungs with the stethoscope and by percussion. Resonance clear; both sides being equally resonant. Breathing, expiratory sound prolonged; voice, only slightly intensified; a few sibilant râles; no dullness at the apex of either lung, and no bronchial breathing. The heart sounds, systolic and diastolic, were thought to be normal. In the left infra-clavicular I discovered a murmur, very distinct, and corresponding to the first sound of the heart; it was therefore a systolic murmur.

My diagnosis of the case was a "pulmonic-obstruction" disease of the heart. A constructive treatment was advised, and a guarded prognosis was given; this in a letter to the attending physician.

The advice I had given to the patient and the constructive treatment did her a great deal of good, and she came back to see me again in a few weeks. She was more cheerful and was picking up flesh rapidly.

Having much curiosity to see what that

"pulmonic obstruction" was doing, I again examined the patient's heart. The attending physician had also heard the murmur on my calling his attention to it, and he agreed with my diagnosis. I found the systolic murmur in the left infra-clavicular region as before. But while I was listening to the murmur it struck my mind that the murmur *decreased as I left the shoulder*, and moved toward the sternum; whereas a pulmonary murmur is greatest at the junction of the third rib and the sternum, and *decreases going toward the shoulder*.

I saw my mistake. It was a murmur in the left sub-clavian artery, and may have been a normal peculiarity or an anemic murmur. I set myself aright before the attending physician, and told the patient her heart was well again.

I lost sight of the patient, and do not know whether she recovered from her illness or not.

At least, I had learned the lesson not to jump at conclusions while examining a diseased heart.

The patient's disease was chlorosis, and not pulmonary obstruction. The patient's main symptoms, anemia, irritable cough, nervousness, melancholia, etc., are found with both diseases.

JASPER, IND.

SUFFOCATION FROM WATER GAS.
A CASE.

BY EWING MARSHALL, M. D.

Assistant to the Chairs of Practice and Materia Medica,
Medical Department University of Louisville.

On December 2d a man, going down into a hole to stop a leak in a gas pipe, on the corner of Seventh and Chestnut streets, in Louisville, was overcome by the gas, and, before his fellow workmen could remove him, he became insensible. I found him lying on the side-walk in a puddle of water; a bucket of water had been dashed upon him just before

my arrival. Respiration had ceased, and his pulse was incompressible. There was apparently spasm of the glottis, with the lung-space completely filled by the gas. By stimulating with ammonia, and assisting exhalation by pressure on the chest, his respiration was worked up to ten in the minute. I then had him carried to the University building, which was near at hand. There, with the assistance of Dr. H. M. Goodman and several of the under-graduates, I continued the efforts at restoration until consciousness and normal muscular power returned.

Besides the ammonia he was given a considerable quantity of whisky, and upon the suggestion of Dr. Goodman, the inhalation of ether was added to the treatment. Whenever the spasm of the glottis would return the man suffered with active rigors. When he became conscious he continually complained of being cold. He was able to walk home in two hours and a half after treatment was begun.

ADHERENT PREPUCE AND SOME OF ITS CONSEQUENCES.

BY L. MILLER WOODSON, M.D.

CASE I. Andrew B., colored, aged one year and two months, having never before been sick, was taken, on the evening of March 25, 1885, with a convulsion lasting for about three minutes, for which nothing was done. On the following night, about one o'clock, he was seized with another much more severe, and still his parents sent for no physician. On the next morning, at about eight o'clock, another occurred with increased severity, and I was summoned in haste. When I arrived the child was recovering from the attack. After an examination of the case I ordered potassium bromide and hydrate of chloral in appropriate doses, and left him resting quietly and very much better. When I returned in the afternoon, at about two o'clock, the patient had another convulsion, which came on in a few minutes after I entered the house. The spasm lasted for about ten minutes, and seemed likely to end the child's existence in spite of treatment. During this attack I noticed what seemed, on the part of the patient, an attempt to clutch the genitals, and this put me upon the track of the cause. The penis showed, on examination, a pin-hole orifice, with the prepuce elongated and

adherent. The foreskin was stretched and peeled back, and there was no return of convulsions until about two months afterward, when like treatment was resorted to. Since that time he has had no return of spasms, and is now in perfect health.

CASE II. A CASE OF REFLEX PARESIS.—James B., white, aged twenty-two months, had been in health until a few weeks ago, when his parents noticed that he was losing the use of his lower extremities, which were also gradually diminishing in size. For this condition, upon the statements of its parents, I prescribed the usual remedial measures, but did not see the child until several weeks afterward. I then gave him a thorough examination. In this case, as in the other, I found at the meatus a pin-hole orifice with the prepuce adherent and elongated. Stretching and stripping were done, and rapid improvement supervened. Today the child has perfect use of his limbs.

Another class of cases is characterized by frequent and painful micturition, and sometimes enuresis. The boys are restless and irritable, manipulating the penis for the relief of disagreeable sensations, and in time becoming confirmed masturbators. I have had the good fortune to see and relieve several cases of this type by correcting the deformity upon which the symptoms depended.

In conclusion, it may be asked if the Jews have not set, in their practice of circumcision, an example which might well be followed by the rest of mankind. If all males of the human race were circumcised before they have passed the age of six months, not a few serious afflictions of childhood, youth, and manhood would be forestalled.

GALLATIN, TENN.

Miscellany.

THE ACTION OF ANTIPYRINE UPON THE CROUPOUS PNEUMONIA OF CHILDREN:—(*Deutsche Med. Zeitung*.) Accurate observations upon the value of this drug were recently made upon five children ranging between the ages of four and eight years, who were suffering from croupous pneumonia. It was administered in the form of powder dissolved in water, and was received by the children without repugnance, also being well tolerated. In twenty-five doses in which it was given, vomiting was excited

only twice; in a few other cases there was slight nausea. About three hours after its administration the temperature had in most cases declined two degrees. In some cases it went below the normal, but never with any symptoms of collapse. The pulse usually became stronger, but its abnormal frequency did not diminish at the same rate with the temperature. As compared with kairine it was observed that antipyrine produced a more gradual declension of temperature. The scale of dosage which was adopted was the following: To children from six months to a year old, every three hours until three doses had been given, were administered two tenths of a gram. From one to three years, every two or three hours, three tenths of a gram. From four to five years, every two hours, three tenths to four tenths of a gram. From six to eight years, every two hours, five tenths to six tenths of a gram. From ten to twelve years, every hour, from six tenths to seventy-five hundredths of a gram. In no case should more than three doses per day be given. The same drug was also given to four healthy children, the result being that the average decline of the normal temperature was from one to one and a half degrees, and the greatest variations from the normal always took place during the hours of the night.—*Archives of Pediatrics*.

COCAINE IN WHOOPING-COUGH.—Dr. Prior, of Bonn (*Berliner Klinische Wochenschrift*) has treated several cases of whooping-cough with cocaine with good results. As is evident on *a priori* grounds, he does not consider the drug a specific, but simply a means of relieving and reducing the number of the paroxysms. He used fifteen and twenty-per-cent solutions to paint the fauces, the inter-arytenoid fossa, and the vocal cords, with the result of prolonging the interval between the attacks, and lessening the severity of these. The treatment was resorted to twice daily, great stress being laid on the necessity of producing at the time complete anesthesia of the fauces and upper part of the larynx. Inhalation of a twenty-per-cent solution four times a day was not so successful as painting.—*British Medical Journal*.

MISTLETOE AS A PARTURIFACIENT.—Dr. G. V. Hale, in a recent number of the Texas Courier Record, calls attention to the use of the fluid extract of mistletoe (*Phoradendron flanescens*) in cases where a uterine

stimulant is required. He says but little mention is made of this useful agent. In doses of twenty to forty minims, repeated at intervals, he has had the most happy results. In a recent case, occurring in a patient aged thirty-seven years—fifth confinement—in which hard pains simulating those of labor had existed at long intervals for some two days, followed by a sudden gush of liquor amnii and then a complete cessation of any pains for two hours, an exhibition of this preparation in the manner indicated above was followed in less than an hour by effective contractions and the birth of a nine-pound male child in less than two hours thereafter, the shortest labor ever experienced by the grateful patient.

There seems to be no contra-indication to its use at any stage of labor—other things being equal, of course—and it seems probable that we have in mistletoe a parturifacient not excelled, if equaled, by ergot or gossypium.

THE RELATION OF INTELLIGENCE TO THE SIZE OF BRAIN.—An interesting article on this subject has been published in the last number of the *Revue d'Anthropologie*, by Dr. Adolphe Bloch. He studies the question from two points of view, dealing, in the first part of his paper, with anatomical observation, while, in the second part, he describes the different conditions inherent in the individual, or independent of him, which regulate the development of the intelligence. The conclusions which he arrives at are as follows:

1. There is no absolute relation between the intelligence and the volume of the brain, since very intelligent individuals may have small brains, while, on the other hand, very ordinary persons may have large brains, as is well known. In certain races of low intellect, cases are to be met with where the brain or cranial capacity is relatively of a considerable size.

2. The causes which lead to the brain being of larger or small size are numerous, since the volume of encephalon may be in proportion to the stature or the weight of the body, or to the muscular power of the individual. Finally, the brain proper may become voluminous in a race or individual proportionately with the degree of intellectual activity.

3. The most important factor in determining the degree of intelligence of the individual is the quality of the cerebral cells. That quality is constituted by the

weaker or stronger impressionability or excitability of the cerebral cells, they being considered the substratum of the intelligence. That impressionability of the cells may be native or acquired. The former is the mark of a superior intelligence; the latter can be produced by continued work; it can also be produced by certain neuroses.

4. In a race, there are influences not dependent upon the individual, but acting upon the whole race, which contribute toward the improvement of the intelligence and the selection of remarkable men. The nature and the degree of intelligence also vary according to race, but no where does the volume alone of the brain constitute the principal factor of the intelligence.

BROMHYDRATE OF PELLETIERINE.—The Paris correspondent of the British Medical Journal says:

M. Galezowski read a paper before the Académie de Médecine on the action of pelletierine on the motor nerves of the eye. His researches are based on the ocular disturbance which occurs in subjects who absorb pelletierine; they are affected with diplopia. The observance of this fact induced M. Galezowski to prescribe pelletierine when there is paralysis of the third and sixth pairs. Iodide of potassium and blisters have failed where pelletierine has cured; the preparation used is syrup of pelletierine, 1 gram per 120 parts of syrup. From three to six doses were administered. Unfortunately, this substance is excessively dear. M. Galezowski hopes to meet this difficulty by administering pelletierine in subcutaneous injections.

HEMORRHAGE INTO GRAY MATTER OF SPINAL CORD.—At a late meeting of the London Pathological Society (British Medical Journal) Dr. Chaffey read notes of a case in which extensive hemorrhage occurred into the gray matter of the spinal cord without affecting the white matter. A female child, aged four years, was seized with vomiting some hours after a severe fall. Two days after the fall, she was unable to sit up; and by the fourth day she was paraplegic. From the fifth day there was some trouble in micturition. Six days after the fall she was admitted into the Children's Hospital, Great Ormond Street. There was paraplegia, and slight accumulation of mucus in the throat. In the afternoon there was some duskiness. The reflex

phenomena were abolished, but sensation was unaffected. Shortly before death the right arm appeared to be weakened. The temperature rose to 101° before death. Death occurred some days after the fall. At the necropsy, the lumbar enlargement was seen to be swollen. On section, copious hemorrhage was seen to have taken place into the gray matter. In the lower part of the lumbar enlargement, the whole gray matter was involved, but the area involved diminished higher up; in the cervical enlargement the hemorrhage was limited to the anterior cornua. The white matter was normal except in the lower part of the lumbar enlargement, where it was softened. The nuclei of origin of the nerves in the medulla oblongata were affected.

INTERNATIONAL MEDICAL CONGRESS.—The Philadelphia Medical News says that the present executive committee, acting under the provision by which its membership may be increased to thirty, elected, at a meeting held in New York last month, Drs. J. S. Billings, U. S. A., J. M. Browne, U. S. N., Christopher Johnson, of Baltimore, Geo. J. Engelman, of St. Louis, J. M. Da Costa and William Pepper, of Philadelphia, of the original committee. We are informed that all these gentlemen have declined to accept the appointment.

CINCINNATI ACADEMY OF MEDICINE.—At the meeting of December 21st, Dr. W. S. Christopher will read a paper on "Ovulation During Pregnancy," and exhibit microscopical specimens from the lower animals bearing on the subject.

DR. HENRY F. FORMAD will deliver the Mutter Lectures at the College of Physicians, of Philadelphia. The first one was delivered December 8th. The others are to be delivered each Tuesday and Friday evening until January 19, 1885.

AFTER January the Detroit Lancet will be known as the American Lancet. It will remain under the editorial management of Dr. Conner.

A DEATH from yellow fever is said to have occurred, last week, on board a steamer lying at New Orleans.

CHICAGO is to have a Polyclinic School for graduates in medicine.

The Louisville Medical News.

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JEALOUSY AMONG DOCTORS.

It is very commonly remarked that there is more of jealousy and heartburning among the members of the medical profession than those of any other calling. The charge comes so near being true that it is perhaps more easy to explain and excuse it than to deny it.

Theoretically, no other calling except the Christian ministry ought to attract to its ranks a more benevolent and charitable class of men than the profession of medicine. Doubtless there are men who enter upon the study and practice for purely mercenary motives. But the great mass of disciples of the art of healing certainly take into account in advance the innumerable claims that will be made upon the humane elements of their character in the pursuit of their chosen profession.

Then certainly the study of medicine has nothing in it to belittle the mind, but, on the contrary, it embraces many of the noblest subjects that the soul can contemplate; the grandest mysteries, the tenderest secrets, the broadest generalizations of science are all in the purview of the tasks and duties of the physician. This being

so, how does it come then that physicians, seemingly to put it even so mildly, have less of charity toward each other than do lawyers, ministers, and members of various other callings.

In the first place, the practice of medicine is, to a large extent, a solitary affair on the part of each physician as regards others engaged in the same work. When a suit is brought lawyers have to be employed on each side, and often many in the same case. Lawyers can hunt in packs. The successful minister is not taking from his brother when he makes additions to his church, but when he strengthens his own congregation he strengthens the entire connection. But, whatever each doctor gets to do, means that others shall get just so much less.

Then, again, the preacher's creed is a fixed one, and there is little room for serious controversy among those who are brought into contact in the same relation. The law is also, to a great extent, a settled matter, and where it is not so lawyers realize that their disputes can be submitted to the arbitration of a higher tribunal, where they will be impartially passed upon, and the loser in such appeals is censured by no one except his client. An adverse decision does not reflect upon him, for, to make the worse appear the better cause, is regarded by the public as a part of his duty. But the physician has no such settled creed as the clergyman, nor any such convenient method of appeal as the advocate. His appeal must be to the general public, ill qualified to try the case at best, and with a most inconvenient habit of trying, not the question, but the doctor himself. So each doctor prefers trying his own case, as he then feels better assured of a favorable verdict.

Furthermore, there is a certain amount of mental force or energy that in nearly every calling can be spent directly in a desire for increase of business. The distillers' conscience doesn't hurt him when he wishes people to drink more whisky. The pastor can legitimately desire the young folk of his flock to

marry, so that he can get the fees pertaining to the ceremony. The merchant, without the least self reproach, can wish that change of fashion or cold weather will make people buy his clothing; and even the lawyer can wish, with all his heart, that rich heirs may contest their father's will, and that, too, with a clear conscience; but no doctor will dare to wish, individually, for people to get sick; he can not find it in his conscience to wish for business except in that general way expressed in the petition, "Give us this day our daily bread;" so he finds employment for the energy which others can put directly into their business, by wishing for his neighbor doctors to starve; or, in other words, that he himself may absorb all the business upon which they collectively depend for a livelihood. Therefore, while it by no means argues perfection, it is really to the credit of the medical profession, in the present state of human weakness, that they exhibit among themselves an unusual degree of jealousy.

IS LEPROSY CONTAGIOUS?

There is, at present, a very wide-spread discussion of the contagiousness of leprosy, with the preponderance of opinion on the negative side.

The reasons upon which the belief of its non-contagiousness is based is furnished by the facts that lepers may reside among healthy people for generations, and in the most intimate relations, such as that of servant and master, husband and wife, parents and children, and yet the healthy people so situated will not be observed to suffer with leprosy more than others of the community who have little or seemingly nothing to do with the leprous subjects.

These facts are admitted by all; but there are other facts that lead many physicians to the belief that the disease is contagious. In the Sandwich Islands, for instance, there were no cases of leprosy whatever among the natives until the Chinese and Norwegians emigrated there; and since that time

a large number of cases have developed. Among the Choctaw Indians, in Louisiana, there are not and never have been any cases of leprosy, while among the French, who occupy the same character of territory, and in the same neighborhood, but who came from Canada and the West Indies, in both of which places there is leprosy, there are many cases.

In Florida, Georgia, Texas, and the Carolinas, on the same character of lowlands, but occupied by a people who have not been connected with leprous ancestry, the disease is unknown. In Nebraska it is not known; in Minnesota, where the Scandinavians have settled, there are many cases. The American Indians never had a case.

Is it easier, therefore, to believe that leprosy springs up spontaneously in all parts of the earth, or that it is a disease of very weak contagious power, but of a very long stage of incubation? All analogy pronounces for its contagiousness.

Many persons are refractory to smallpox. Suppose this class amounted to all but one in a thousand, and that the virus of smallpox was accustomed to remain latent in the system for four or five years before breaking out, could we for that reason doubt its contagiousness? If the virus of hydrophobia were communicated in as obscure a manner as the virus of smallpox, with its long incubation period, and the many exceptions to the communication of the disease among those who are exposed to its cause, we could, with equally as great reason, doubt its contagiousness as we can that of leprosy.

THE Executive Committee of the Big Congress has softened its shrill clarion, and dropping from its lofty perch is trying to wheedle some of the eminent dissenters back into the organization. It is evident that this chucking will be wasted upon the highbred brooders, and that the congressional egg will be addled, if not broken, before the days of its incubation shall be fulfilled.

Bibliography.

A System of Practical Medicine, by American Authors. Edited by WILLIAM PEPPER, M.D., LL. D., Provost Professor of the Theory and Practice of Medicine and Clinical Medicine in the University of Pennsylvania, assisted by LOUIS STARR, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Volume III, Diseases of the Respiratory, Circulatory, and Hematopoietic System. Philadelphia: Lea Brothers & Co. 8vo, pp. 1032; leather. 1885.

Volume III of this great work contains forty-five articles by twenty-seven contributors, and, by the nature of the fields of pathology here brought to view, is of interest alike to the general practitioner and specialist. The diseases of the respiratory and circulatory apparatuses are discussed through 881 of the volume's 1032 pages; and in view of recent unfoldings in the pathology, and valuable discoveries in the therapeutics of these affections, the volume, being fresh and abreast with the times, well sustains its *raison d'être*. The contributors to these departments are chiefly authors of wide distinction, some of them being specialists of the first rank. Flint, Loomis, Jacobi, Da Costa, Solis Cohen and the editor are represented in specimens of their best work.

The third part of the volume, Diseases of the Blood and the Hemopoietic System, deals with much that lies in the shadowy realms of pathological research; but the topics as here set forth by Drs. Hays Agnew, Busey, Atkinson, and Osler make interesting reading and indicate substantial advance in this department of study.

A System of Obstetric Medicine, Theoretical and Clinical: for the Student and Practitioner. By ROBERT BARNES, M.D., Obstetric Physician to St. George's Hospital, Consulting Physician to the Chelsea Hospital for Women, etc., and FANCOURT BARNES, M.D., Physician to the Royal Maternity Charity, and to the British Lying-in Hospital; Assistant Obstetric Physician to the Great Northern Hospital, Physician to the Chelsea Hospital for Women. Illustrated with two hundred and thirty-one woodcuts. 8vo, pp. vii-884. Cloth, \$5.00; leather, \$6.00. Philadelphia: Lea Brothers & Co. 1885.

It was hardly to have been expected that after contributing so many valuable discoveries and improvements to the mass of obstetric knowledge, Robert Barnes would willingly surrender his life-task, and leave to others the honor of building into memorial fabrics for themselves the wealth of ma-

terial he had prepared; at all events, not without casting a "longing, lingering look behind." So, looking upon this work, the result of a lifetime of more than ordinarily fruitful labors, aided in every part by a son of his own training, helped out by chosen and tried friends and scholars of especial eminence in their several departments, Robert Barnes can well exclaim with old Simeon, "Now lettest thou thy servant depart in peace."

Still with all there seems a lack. Of facts and principles, those of value that are left out remain to be discovered, and on all matters of diversity of opinion he is at least as safe as any. In the concise mathematical statement of facts and processes, we are reminded how rapidly we are approaching the method of the exact sciences; how soon we may be required to study all vital processes in terms of the calculus; how the good old days are gone when we could lay aside a dull novel, and, for relief, read a half dozen interesting pages of anecdotes in some standard work on obstetrics. Yet we feel that the style of this work might have been smoother and the reading made an easier task. But as Watsons do not appear every day in medical literature, and Emersons find something else to do, we shall not be losers when we take this casket, if only for the treasures it contains.

D. T. S.

A Reference Hand-Book of the Medical Sciences. Being a complete and convenient work of reference for information upon the topics belonging to the entire range of scientific and practical medicine, and consisting of a series of concise essays, and brief paragraphs, arranged in the alphabetical order of the topics of which they treat, prepared by writers who are experts in their respective departments, illustrated by chromo-lithographs and fine wood engravings. Edited by ALBERT H. BUCK, M.D., New York City. Vol. I. Royal 8vo, pp. 808; leather. New York: William Wood & Co., 56 and 58 Lafayette Place. 1885.

This is the first volume of a medical work of truly cyclopedic scope and character. So far as we know, nothing like it has before been attempted in this country, and if the coming volumes fulfill the promise of the first, nothing extant in medical literature will be comparable to it as a reference and working manual for the practitioner, student, and writer. Judging from the volume under notice, which embraces all topics in alphabetical order from AAC—CAT, the characters of the ideal cyclopedia are well

maintained. Each article is the result of extended research, and the matter, being thoroughly sifted and digested, is presented without waste of words or flaw in diction. The broad pages are arranged in double columns; the margins are ample; the type is clear; the illustrations full and true to nature, while, by an admirable arrangement of the captions and running titles at the upper corners of the pages, any desired topic may be found without trouble or loss of time. The contributors represent in the main names well known in current medical literature, and each seems to be at home in the particular subject which he essays. Each article is signed, and many of them are supplemented by a paragraph of bibliography. The chromo plates, four in number, are very beautiful.

A Text-Book of Pharmacology, Therapeutics, and Materia Medica. By T. LAUDER BRUNTON, M.D., D.Sc., F.R.S., F.R.C.P., Assistant Physician and Lecturer on Materia Medica at St. Bartholomew's Hospital, etc. Adapted to the United States Pharmacopeia by FRANCIS H. WILLIAMS, M.D., Boston. Philadelphia: Lea Brothers & Co. 8vo; leather; pp. 1035.

For many years the practical researches of Dr. Brunton in the physiological action of drugs have enriched the science of medicine and made his name illustrious. His long-promised work which should lay the results of his labors systematically before the profession has been awaited with large expectations, and will now meet with hearty reception.

It is a noble volume, and well attests the author's fitness to rank among the real benefactors of the race. The subject-matter of the work is presented in six sections. Section 1 deals with General Pharmacology and Therapeutics; section 2, with General Pharmacy; section 3, with Inorganic Materia Medica; section 4, with Organic Materia Medica; section 5, with Vegetable Materia Medica, and section 6, with the Animal Kingdom. The book is rich in physiological medicine, the theory of the action of drugs being fully discussed and freely illustrated by figures and diagrams. Due attention is paid to the chemistry of drugs, and the application of chemical laws to the science of therapy; but the paragraphs which describe the drugs and pharmaceutical preparations are necessarily brief, since any thing like an elaborate discussion of these themes would have swollen the work to unwieldy proportions.

Three liberal indexes, a General Index, an Index of Diseases and Remedies, and a Bibliographical Index, add materially to the practical value of the work. They stand as a fitting rebuke to the indolence or eccentricity of certain authors who just now are taxing the patience and time of the reader by issuing their volumes without this necessary appendage.

The Principles and Practice of Surgery. By JOHN ASHHURST, JR., M.D., Professor of Clinical Surgery in the University of Pennsylvania, Senior Surgeon to the Children's Hospital, Consulting Surgeon to the Women's Hospital, and to the Hospital of the Good Shepherd, etc. Fourth edition, enlarged and thoroughly revised, with five hundred and ninety-seven illustrations. 8vo, pp. xvii—1118. Philadelphia: Lea Brothers & Co. 1885.

In surgery, as in every department of medicine in fact, the science has expanded into cumbrous systems which are indispensable to the special surgeon, but which the practitioner who has to divide his attention finds himself unable to master so as to attain a versatile readiness in times of emergency. For all such this "Practical Surgery" of Prof. Ashhurst is eminently suitable. Nor is it likely that, even in the highest walks of the science, any will be met who will find in these pages unprofitable reading. In addition to the richness of matter, the style is remarkably attractive and the typography all that could be desired. We know of none better of its class.

D. T. S.

A Manual of the Diseases of Women. Being a Concise and Systematic Exposition of the Theory and Practice of Gynecology, for use of students and practitioners. By CHARLES H. MAY, M.D., late House Physician, Mt. Sinai Hospital, New York, Assistant to the chair of Ophthalmology, New York Polyclinic, Clinical Assistant, Department of Ophthalmology, Manhattan Eye and Ear Hospital, New York. 12mo, pp. xi—349. Philadelphia: Lea Brothers & Co.

In this brief *résumé* of the science of gynecology the author does not pretend to advance any original opinions of his own, but merely to exhibit in a comprehensive form the most important features in the teaching of the various masters in this line, such especially as he found most appropriate for his quiz classes. For such use and for running over from time to time, as one would run over an index for the purpose of keeping fresh in mind the association of ideas that the names call up, we could commend it.

D. T. S.

Practical Surgery; including Surgical Dressings, Bandaging, Fractures, Dislocations, Ligature of Arteries, Amputations, and Excision of Joints. By J. EWING MEARS, M.D., Lecturer on Practical Surgery in Jefferson Medical College, Professor of Anatomy and Clinical Surgery in the Pennsylvania College of Dental Surgery, Surgeon to St. Mary's Hospital, Gynecologist to Jefferson Medical College Hospital, Fellow of the American Surgical Association, etc. With four hundred and ninety illustrations. 12mo, pp. xii—794. Cloth, \$3.75; Sheep, \$4.75. Philadelphia: P. Blakiston, Son & Co. 1885.

This is a well-digested epitome of the practice of surgery, by an author of much experience, and well able to decide what features deserve to be placed well in the foreground. Though not intended to be exhaustive, or to supply the place of larger works, as a ready help it can not fail to be valuable. The illustrations are numerous and excellent, and especially good in the matter of bandages. For a lucid, well-digested book of ready reference, it is entitled to a place.

D. T. S.

Cases in Orthopedic Surgery. By Ap Morgan Vance, M.D. Reprinted from New York Medical Journal.

Abnormal Positions of the Head. What do they indicate? By Edward Borck, A. M., M.D. A Clinical Lecture. Reprinted from the Medical and Surgical Reporter. 1885.

Rectal Medication. By D. W. Cathell, M.D. Reprinted from the Transactions of the Medical and Chirurgical Faculty of Maryland. 1885.

A Manual of Microscopical Technology, for use in the Investigation of Medicine and Pathological Anatomy. By Dr. Carl Friedlaender, Lecturer on Pathological Anatomy in the University of Berlin. Translated, with the express permission of the author, from the second enlarged and corrected edition, by Stephen Yates Howell, M. A., M.D., Buffalo, N. Y. New York and London: G. P. Putnam's Sons. The Knickerbocker Press. 1885. Price, \$1.

Brain-rest: being a Disquisition on the Curative Properties of Prolonged Sleep. By J. Leonard Corning, M.D., formerly resident Assistant Physician to the Hudson River State Hospital for the Insane; Member of the Medical Society of the County of New York, of the New York Academy of Medicine, Physician to the New York Neurological Infirmary, etc. Second edition, revised and enlarged, with additional

illustrations. New York and London: G. P. Putnam's Sons. The Knickerbocker Press. 1885.

Practical Suggestions respecting the Varieties of Electric Currents and the Uses of Electricity in Medicine. With hints relating to the selection and care of Electrical Apparatus. By Ambrose L. Ranney, M.D., Professor of the Anatomy and Physiology of the Nervous System, in the New York Post-Graduate Medical School and Hospital, Fellow of the New York Academy of Medicine, Professor of Nervous and Mental Diseases in the Medical Department of the University of Vermont, etc. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1885.

Societies.

CINCINNATI ACADEMY OF MEDICINE.

Stated Meeting, December 7th. President Samuel Nickles, M. D., in the Chair.

[Reported by Dr. E. S. McKee.]

Dr. James T. Whittaker, Professor of the Practice of Medicine, Medical College of Ohio, spoke as follows on the subject of Bright's disease:

Bright's Disease. We hardly have any idea of the results of the researches of Richard Bright, unless we transfer ourselves back to the first quarter of this century. Then dropsy was considered a separate disease. The text-books contained chapters on dropsy. This was, it is true, known to sometimes depend on diseases of the heart and liver. Albumen was found in the urine. Bright displayed the first anatomical specimen of kidney disease. Bright only described one form of the disease, but the subject was immediately taken in hand by British and French investigators. French, in 1851, illuminated the field more than any one since Bright. French came to believe that Bright's disease commenced as acute, then assumed a chronic form, then later became the shrunken or chirrhotic kidney. Eminent English observers denied this. Bright's disease, they said, commenced as Bright's disease. Bartels, in 1871, said it should be called Bright's diseases, acute, chronic, chirrhotic, and amyloid. But we can not always distinguish between these; we often have the chronic and the amyloid together. Bright's disease seems to be more and more fre-

quent. It is the business of the kidneys to carry off refuse matter whether it be physiological or pathological. Carrying off diseased matter from the body, it becomes diseased. It is attacked by chemical and toxic agents. Diseases also extend from the urethra and the bladder. Many a case of kidney disease has its origin in a case of gonorrhea. I will confine myself chiefly to the theoretical part and leave the practical to those who may take part in the discussion. We use to-day the same tests as did Bright. Many others have been invented, but heat still remains the best. Of course, every student knows that the urine must be acid; if not acid, add acetic acid to make it so, otherwise the alkaline carbonates will precipitate the phosphates.

The question is, why does albumen appear in the urine? There have been many theories. It is now definitely known that albumen appears in the urine from a diseased condition of the epithelial coating of the Malpighian coils. The albumen appears transitory in the urine. What is the source of the albumen? It has been demonstrated as an absolute fact that the cause of albumen appearing in the urine is a diseased epithelial coating of the Malpighian coil. If you keep the blood from the kidney mechanically a change occurs in the epithelial cells, and albumen occurs in the urine. Senator says that the albumen sometimes transudes through the secondary capillaries lower down. Experiments have been made of cutting the kidney from the body and boiling it, and the coagulated albumen is found in the Malpighian tufts. The lighter the pressure the more albumen transudes, the greater the pressure the less. We estimate the amount of albumen present. This is seldom more than 7 per cent, .5-1 per cent may be, but 2-3 per cent generally. Many practitioners look at the albumen coagulated in the test-tube, and say 30-40-50 per cent is albumen. This is not the case. So far as the kidneys themselves appear, they show no lesions. One of the most prominent effects of kidney disease is dropsy. Many explanations are given to account for the dropsy. It has been said, the less urine the more dropsy, and, *vice versa*. Cohnheim thinks it due to a diseased condition of the blood vessels, etc. This view is, however, not very widely received.

Casts give us undoubted evidence of disease. Albumen does not prove positively, casts do. It is a familiar fact that these casts are hyaline, plain, simple, and trans-

lucent, and composed of albumen. They take the size and shape of the tubes, are never more than one millimeter in length. The bulk of testimony goes to show that the casts are transuded albumen, covered externally by cells and debris. The casts show the stage of the disease.

Uremia is, at all times, the most important symptom of Bright's disease. When the kidney ceases its function, all can see why water occurs in the blood, not only water, but also urea. It has been a familiar experiment that extirpation of the kidney, or ligature of the ureters in the lower animals, produces vomiting and symptoms of uremia. Urea may be present in the blood, but is eliminated by the skin and other organs, so that it does not poison the patient. In these patients the breath smells of urea, is very offensive and can be recognized by the physician as soon as he enters the room. The French theory, that urea is transformed into carbonate of ammonia, and as such causes trouble, has been exploded. We are compelled to believe that the symptoms of uremia are caused by urea in the blood. The quantity of urea remains the same, but other matter may not remain the same. Symptoms in the acute form are vomiting and headache. In the chronic form we have one *grand mal*. The patient lies unconscious, then falls into a deep sleep, awakens to have another. Amaurosis sometimes follows the attack. The pupils react perfectly to the light. The lesions are not in the eye, but central in character. Implications of the nerves and lungs may follow. We may have asthma with uremia. This is most distressing; it lasts weeks and months, and, in one case I knew, lasted one year. May have pulmonary edema, which is generally the last symptom before death occurs. Renal asthma is always fatal. Hypertrophy of the heart, usually the left ventricle, occurs. It is present not only in acute parenchymatous nephritis, but also in the chronic. Perhaps the most obscure point which yet remains, is renal pathology. It is only that obscure points do remain that they are investigated with any interest.

Dr. David De Beck said that no general disease comes so often before the specialist, and in no disease has the general practitioner received so much aid from the specialist as the subject under consideration. We have albuminuric retinitis, edema retinitis, hemorrhage implicating the ocular end of the nerve, more particularly in-

volving atrophy. The capillaries become sclerotic, and on section remain open. We have changes on the part of the nerve fibers and neuroglia, varicose thickenings which become crowded with oil drops. More particularly have we changes in the fibers of Müller. These become thickened and extremely refractive and sclerotic. These are important changes. In all cases of albuminuric retinitis we have the vessels more or less involved. The arteries which should be $\frac{2}{3}$ — $\frac{4}{5}$ the size of the veins we have reduced to $\frac{1}{6}$ — $\frac{1}{4}$ the size of the veins, the veins remaining about the normal thickness. We notice also the changes due to endarteriitis. In this we have degenerative changes taking the lead. We have fatty patches in the retina. This may be a form of papillitis, optic neuritis, or neuroretinitis from intra-cranial causes. Of greatest importance to the general practitioner is, how often do we see these cases? Wagner saw 12 per cent; Frerichs, 15 per cent; La Courasier, 20–25 per cent; Legner, 28 per cent of chronic kidney cases. I, myself, out of 22 cases have seen 6. The general practitioner does not appreciate the finer changes, and his per cent is low. The specialist appreciates these finer changes, and his per cent is high. The proper per cent is probably 20–25 per cent. It has been proposed by a prominent oculist that in certain cases of albuminuric retinitis premature labor be induced. In one case this has been advised and done.

Dr. W. W. Seely said the previous speaker had omitted one or two clinical points of interest from an ocular stand-point in regard to these eye pictures. It is generally known that this disease of the fundus oculi may improve, and the kidney disease grow worse, and *vice versa*. The trouble in the fundus oculi may remain the same, and the vision very markedly improve. It is a curious fact that this disease in the bottom of the eye has been seen in cases of albuminuria due to malaria. I have seen at least one case. The connection between the disease and the appearance in the fundus oculi is very mysterious. I do not think that the attention of even the general practitioner has been sufficiently directed to these manifestations of malaria. I called attention, several years ago, to a serous effusion into the vitreous humor due to malaria. It had been diagnosed by another as hemorrhagic effusion. I have seen typical cases of retinitis due to kidney trouble, which in turn was due to malaria.

Dr. R. B. Davy failed to see the connection of the eye trouble with the general disease. A complete study of the eye enables us to advance very little in our treatment of the disease. Nothing has been said concerning the changes in the blood. One very important point is to measure the amount of albumen in the urine. The doctor then reported a case.

Dr. J. H. Tate spoke of the ocular appearance in chronic cases. In twenty-three cases of puerperal eclampsia he found the eye sensibly affected in three. In two cases one eye alone was affected. In one the vision in the eye was almost completely lost for several days. Both cases made a complete recovery. One case I know of, the patient, a young woman, almost entirely lost the vision of both eyes. She is perfectly healthy otherwise. Many practitioners say we can not have Bright's disease, acute form, unless we have structural change in the kidney. I think this is erroneous. I have seen the urine return to a normal condition in a few days after puerperal eclampsia. No woman should be allowed to have eclampsia. Every practitioner should make it a rule to visit his patients as soon as engaged to attend them in labor, and carefully examine the urine. If albumen is found he should treat her to prevent eclampsia. If no albumen is found, he should examine her again at intervals to be sure there is none present. I have never seen eclampsia recur repeatedly in the same woman. It occurs almost invariably with the first child, with twins, or with women suffering from chronic Bright's disease. In the latter case the induction of premature labor might be considered; even in this case preventive medicine might be employed successfully.

Dr. C. O. Wright thought it had been the experience of every man to have cases of puerperal eclampsia in which no albumen could be found.

Dr. Tate supposed that in many cases kidney disease in women is confined to one kidney. We can easily see why this is, from the right oblique pressure of the pregnant womb. Its function may be almost entirely, if not entirely, stopped; hence, no albumen in the urine. We have had gentlemen here to-night to tell us of what is said or done in France or Germany, but few who tell us what they have seen or experienced or reflected. Let us have a little American thought, experience, and independence.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

At the last meeting of the Academy of Medicine the following physicians were nominated for officers: For President, Drs. Henry Noyes and Wm. M. Draper; for Vice-President, Drs. G. L. Peabody and A. M. Jacobus; Recording Secretary, Dr. Roosa; Treasurer, Dr. Bryant; and Dr. A. R. Robinson Corresponding Secretary.

Dr. M. H. Henry read a paper entitled "A Review of the Life of Dr. Louis Elsberg, and the Advances of Our Knowledge of Diseases of the Throat during his Professional Career." Dr. Henry referred to the many professional and scientific papers that had been presented to the profession by Dr. Elsberg; mentioned the fact that he was the first to open a public clinic for diseases of the throat in this city; in association with others he founded the American Laryngoscopical Society, and that he was the first to demonstrate and teach in public the use of the laryngoscope.

A ward for sick children has been opened in the New York Post-Graduate School, in charge of Dr. Sarah J. McNutt, who is a clinical instructor at the School. It is intended principally for the reception of infants, under one year of age, suffering from acute diseases. It was intended not to open the ward till sufficient money had been obtained to run it two years, but as there is such a pressing need for the hospital treatment of such cases, Bellevue being the only general hospital where infants of this age are admitted, it has been determined to immediately take in as many cases as possible. The ward is a very bright, well-ventilated room on the fourth floor; it contains six beds for the accommodation of twelve patients.

At the last meeting of the Medico-Legal Society, Professor Ogden Doremus reported another case of fatal poisoning from the local use of muriate cocaine. It was the opinion of several members of the Society that cocaine should be labeled a poison in the drug stores.

Dr. Cyrus Edson, of the Health Department, has called attention of late to the danger of wearing certain kinds of colored stockings, especially those made by a firm in Saxony, and sold in this city. The dye was found, on analysis, to contain poison-

ous quantities of arsenic and antimony. It is a well-known fact that many dye-stuffs coming in contact with the skin will cause dermatitis and develop eczema in those who are predisposed to the disease. I have seen several cases of eczema produced in this way: Two cases in which the hands were affected from the red lining in the gloves; several of the feet, from colored stockings; one of the forehead, from the colored lining of the hat, and a severe eczematous eruption of the hands, in the case of a tailor, caused by handling colored cloth; but in all the cases the eruption soon disappeared after appropriate treatment and the removal of the cause.

Physicians who have had to attend cases of variola are having much trouble of late. Dr. Codene, of Montreal, a prominent anti-vaccinationist, has been prosecuted in the Health Court for neglecting to report a case of smallpox which he was attending while in this city; another physician has been sued for reporting a case and having the patient removed to the hospital. Dr. Purdy stated that he found the patient suffering with headache, backache, pain in the loins, and fever, with a typical smallpox eruption over the body. He called Dr. Lockwood, Assistant Sanitary Inspector, in consultation, who entirely agreed with him in his diagnosis. On the witness stand, the patient said she had accidentally poured some acetic acid on her body, and that this caused the eruption. When she was removed to the hospital, the attending physician declared she was not suffering from variola. Drs. Austin Flint, Keys, Piffard, and Morrow, testified their belief, from the symptoms of the case as stated by the defense, that the patient had had smallpox. The patient sued for \$10,000, and obtained a verdict of \$500. The cause of Dr. Purdy has been taken up by the Medical Society of the County of New York. At their last meeting they appointed a committee to consider the advisability of the Society defraying the expenses of appealing the case, with power to appropriate money for that purpose. These two cases remind me of the man who was advised to say his prayers and lead a better life: he said he would be damned if he did; but, on a second thought, he knew he would be damned if he didn't.

According to the daily papers, an amusing incident occurred in court the other day in connection with a complaint made by Dr. Edson, that a certain confectioner was offering for sale cocoanut candy made

from tainted cocoanuts. He said in analysis he found the cocoanuts used bad and unfit to be eaten; he fed his horse with some of the candy, "and they actually made the animal sick." The confectioner, to prove his candy was good, offered to eat some of that which Dr. Edson has in his possession. After eating it with evident relish, some of the jurors requested a taste. The judge asked them how they liked it. "First rate," they answered in a chorus, and each re-filled his mouth after answering the judge's query. It is needless to say the prisoner was acquitted. It is only fair to the doctor to say he has since stated the candy consumed in the court-room was not the same that he had analyzed.

J. CLARK MCGUIRE.

NEW YORK, December 5, 1885.

Selections.

THE MECHANISM OF "BEARING DOWN." In a recent number of Virchow's *Archiv*, Dr. A. Lawrentieff, of St. Petersburg, has contributed an important paper, entitled *Zur Frage von der Kraft und Wirkung der die Bauchpresse bildenden Muskeln*. It consists of a series of mathematical calculations of certain factors associated with the direction of the action of the muscles which are immediately concerned in pressure on the abdominal cavity, especially during childbirth. Dr. Lawrentieff also enters into a minute description of the muscles of the abdominal walls. Sixteen muscles share in the process of diminishing the dimensions of the abdominal cavity, some directly, the remainder indirectly through forming fulcra for the former. To the first set belong the pairs of external and internal obliqui, transversales, recti, pyramidales, and quadrati lumborum, the diaphragm, and the levator ani, the two muscles of that name being taken as one. The two erectores spinæ, when in a state of contraction, act as fulcrum for the preceding muscles. We may here add that many authorities attribute the same office to a large number of muscles which fix the trunk during straining efforts. The author describes at length an ingenious process by which he was enabled to make his calculations, muscles from the fresh subject being subjected to very careful measurement.

Dr. Lawrentieff briefly recapitulates the opinions of others upon his subject. Scan-

zoni looks upon the expulsive power of the abdominal muscles as a purely reflex act, which accompanies the pains, especially toward the end of the process of expulsion of the fetus, though he ascribes to it not only a considerable expulsive action, but also the power of stimulating uterine action. Lahs is also of opinion that the contracting power of the abdominal muscular apparatus depends upon that of the uterus, and acts in precise accordance with the latter. Kehrer also considers the expulsive action to be purely reflex and quite independent of the will in the second stage of labor, and describes the muscles which take part in the process individually, without noticing their action as a whole. Küneke lays great stress on the expulsive power of the abdominal muscles, but considers, as do Schatz and the above-named writers, that they still play the second part in the act of expelling the fetus. Most of the authors of systematic German works on obstetrics admit the great power of the abdominal muscles, especially when there is resistance in the pelvic region, but allow that our knowledge of the subject is still incomplete. Professor Haughton, whom the author recognizes as a most trustworthy authority in animal mechanics, differs from the above-named authorities in declaring, as a result of calculation, that, in the second stage of labor, the abdominal muscles exercise ten times more force than the uterus.

The precise nature of the action of the abdominal muscles itself is also disputed. Schatz speaks of it as being effected by an apparatus which lessens the capacity of the abdominal cavity, and consists of two parts, the muscles of the parietes and of the lumbar region, which have their fixed point at the vertebral column, and the diaphragm, which covers the cavity like a dome. Haughton, in his *Principles of Animal Mechanics*, confines himself to a description of the action and power of the muscles of the parietes, without considering the nature of pressure from above. The general anatomists, like the systematic obstetricians, speak little of the combined action of the abdominal muscles, describing those structures chiefly in detail. Henle treats the quadratus lumborum as though it were a muscle of the lower extremity, while he ascribes to it a trifling share in movements of the vertebral column. On the other hand, Luschka calls it the rectus abdominis posticus, and classes it among the abdominal muscles.

Dr. Lawrentieff concludes the long ac-

count of his calculations with a summary, a luxury very grateful to the reader, especially in such a subject as the present, and not always to be found in the learned contributions to the *Archiv*. It deals almost purely with the mechanical aspect of the question, and can not be made intelligible without the valuable series of diagrams which accompany the paper. It is proved that the obliquus internus is the most powerful of the three lateral muscles in the parietes. For mechanical reasons, the muscles which share in the expulsive action are, thanks to the wide resisting surface which they present, capable of prolonged action, when they gain in force what they lose in precision and velocity. The tendinous inscriptions on some of the muscles increase the extent of their power as resistant surfaces. The laws of physics prove that the diaphragm acts from above downward and forward, the muscles of the parietes from before backward and downward. The expulsive force acts parallel to the axis of the pelvic brim, and not at an angle to it, as Schatz has asserted. The changes which take place in the dimensions of the abdominal cavity during pregnancy, under normal circumstances, alter the curves of the broad muscles of the parietes in such a manner as to allow those muscles to exert their expulsive force with far greater effect than before pregnancy. It will be seen that Dr. Lawrentieff is inclined to attribute to the abdominal muscles a great, if not a predominant, share in the second stage of labor. He does not neglect to refer to the other purposes to which the expulsive action of the abdominal muscles may be applied.

As his monograph is highly important, yet, from its philosophical and mathematical character, very difficult to read without an accurate knowledge of the German language, it is much to be desired that it may be translated into English. In association with Landau's recent work on movable liver and pendulous abdomen, it will represent an addition to our knowledge of the physiology of abdominal walls, which must not be overlooked. Lastly, just as some anatomists overlook mechanics, it must be borne in mind that too profound a devotion to the physics of the abdominal muscles may also lead to error. We must judge between the Quains, Cruveilhiers, and Hyrtls, on the one hand, and the Haughtons, Humphreys, and Lawrentieffs, on the other.—*British Medical Journal*.

SARCOMA AFTER INJURY.—At a recent meeting of the Medical Society of London Mr. A. Pearce Gould (British Medical Journal) read a paper on the development of sarcoma shortly after injury, founded on three cases recently observed:

The first was that of a girl aged sixteen, who, three months after she had struck her forearm, noticed a swelling of the upper end of the radius, which enlarged rapidly under observation until it involved the upper third of the bone. Puncture of a fluctuating area with an aspirating needle resulted in the withdrawal of some bloody fluid. The patient made a good recovery. The tumor was found to consist in great part of a large blood-cyst. On microscopic examination, its structure was seen to be that of a myeloid sarcoma. The second case occurred in a woman, aged twenty-six, who, three months previously, had struck her thigh. Two months later a swelling was apparent and steadily increased, so that when first seen the whole bone was involved and the tumor had attained a large size. The tumor was situated on the outer side of the bone, but, on section, was seen to extend into the medullary canal. It contained several blood-cysts, and was in part ossified. The limb was amputated by a modification of Mr. Furneaux Jordan's method. Soon after amputation of the thigh recurrence of the growth occurred in the groin. The secondary tumor was excised, but the disease had recurred in the stump. The third patient was a man, aged seventy, who, on October 29, 1884, struck his arm and elbow. He was admitted into Hackney Infirmary, and treated for contusion. On November 18th he was discharged, but was readmitted in February on account of pain and swelling of the arm. The humerus was greatly enlarged and broken. It was put up in splints; but the swelling rapidly increased, and the limb was amputated. Mr. Gould quoted a considerable number of cases where sarcoma appeared soon after injury, recorded by various writers. It was important, he said, to class separately those cases in which growths followed, not after repeated slight injuries (irritations), but a single injury. He confined his remarks to the first class of cases, and observed, in the first place, that the relation between the injury and the growth was not accidental, though the injury itself was not the all-sufficing cause. To state that the patients were predisposed to the growth of such tumor did not account for

the fact that such patients had previously received many injuries, perhaps in the very same part, without the development of a tumor. The cases occurred most frequently between twenty and forty years of age, an age when injury was most frequent and in those bones which were most exposed to injury.

ABSCCESS OF THE LUNG PRODUCED BY SWALLOWING A PIECE OF GRASS—RECOVERY.—The following interesting case was reported to the New York Medical Society by Richard Petch, M. D. (British Medical Journal):

S. M. P., a girl, aged three and a half, was subject to attacks of bronchitis, but otherwise was strong. On June 29, 1883, she was walking in the fields with her mother, when the latter heard her coughing violently, and crying out that she had something in her throat. Turning quickly to see what was the matter, she found the child gasping, and apparently on the point of choking. On looking in her mouth, she saw what she took to be a piece of grass behind her tongue; but, owing to the child's struggles, she was unable to get hold of it, and it seemed to disappear, being, as she thought, swallowed. For the rest of the day the child coughed a great deal—an irritable dry cough—and complained of her throat hurting her. This continued two or three days, and she also complained occasionally of a pain, as she said, in her stomach. The cough continued, but became less frequent and severe; there was no expectoration. She began to fall off in health, lost her appetite, was thirsty, had headache, and became thinner.

I saw her first on July 13th, when I found her suffering from fever (102°), frequent, quick pulse (130), and accelerated respiration (30). On examining the lungs, I found on the whole of the left side, posteriorly and laterally, slight *râles*, and indistinct dullness, with impaired expansion; the right lung was normal. A few days later she began to expectorate muco-purulent sputum without blood. The sputum quickly became entirely purulent and more copious; it also became offensive, and was brought up with a good deal of retching. Her breath became very offensive, permeating the whole room, and after a coughing spell and ejection of horribly smelling pus, it was almost impossible to stay in the room until fumigation and a widely opened window had cleared off some of the odor.

August 5th. She spat up a small piece of grass.

August 11th. We noticed a projection between the fifth and sixth left ribs, in the axillary line; it was very painful, and respiration was absent over it. It gradually increased in size, and, on August 16th, burst, and let out, along with a good deal of offensive pus, a piece of grass, which seemed to be the flowering axis of one of the graminaceæ. It was about an inch and a half in length. After this the abscess gradually diminished in size, the pus became less, and by August 25th had ceased running, the wound being apparently healed. She had no cough, pain, or fever; she began to eat, and slept well.

August 28th. She was not so well, complaining of pain over the site of the abscess on movement.

August 29th. The abscess was found to be filling again.

August 30th. The abscess burst, discharging a large quantity of healthy, sweet pus, with no grass. After this, she continued to improve in health, but the abscess also still continued to discharge slightly, and, as it seemed to make no progress toward healing, on September 15th, I gave her chloroform, and, exploring the sinus, found the probe pass to the depth of three inches into a cavity with rigid walls, giving the impression of the cartilaginous walls of one of the larger bronchial tubes. I advised her removal to the sea-side, where she improved immensely in health, the pus diminishing, which it continued to do until the end of November, when it ceased, and the wound finally healed.

I saw her in January, 1884, when I found her perfectly well; and, on examining the chest, found respiration, etc., perfectly normal over the whole lung, and no shrinking of the chest-walls.

Remarks. This case strikingly illustrates the *vis medicatrix naturæ*, upon which we have so frequently to rely, and with such well-merited confidence, especially in children's cases. It appears that the piece of grass, having been drawn by inspiration into some small bronchial tube, set up inflammation in the tube and surrounding pulmonary tissue, and general hyperemia of the lung. The localized inflammation, passing into abscess and tending toward the surface, happily excited adhesive pleuritis, thus shutting off the pleural cavity from the entrance of pus and consequent disastrous consequences.

Recovery, though tedious, but not excessively so, considering the disease, seems to be perfect; for over the site of the abscess, as indicated by the scar, respiration is perfect. I presume there is a narrow cicatrix of the lung occupying the site of the abscess, and that the surrounding lung has expanded so as to fill up its former situation.

Treatment, at first, when precise diagnosis was uncertain, merely sympathetic, consisted, when the nature of the affection was plain, of abundance of nourishment, assiduous poulticing and fomenting of the side (to which I ascribe no inconsiderable share in the favorable result), a free supply of fresh air, and aerial disinfection by, and antiseptic inhalations of, sanitas oil.

The employment of the trocar to evacuate the abscess was considered, and mentioned to the parents, who strongly objected to any interference; and I did not at all press it upon them, as, seeing the continued favorable progress of the disease, I was inclined to trust to nature, and, further, was doubtful whether I should be enabled by the trocar to withdraw the grass, the *fons et origo mali*, without which the operation would be useless. For the former reason I was still less inclined to the use of the knife, although doubtless in some cases it would be the better treatment.

ASTHMA AS RELATED TO SKIN DISEASES
Dr. L. Duncan Bulkley, in a paper on this subject, read before the British Medical Association (British Medical Journal), from the results of an extended study, concludes as follows:

1. Asthma has been observed in patients with certain diseases of the skin in such a manner as to indicate some occasional relationship between the two.

2. Asthma does not occur, probably, in more than one per cent of patients with diseases of the skin, and those mainly of the class known as exudative or inflammatory disorders.

3. This occurrence of asthma, in skin-patients can not be looked upon as a coincidence, nor is the skin disease to be regarded as a cause of the asthma; but both the skin and bronchial difficulty depend upon the same internal cause, which may be nervous in origin, or may result from some altered condition of the blood.

4. While the theory of the dependence of asthma on a state of spasm of the muscular element of the bronchial tubes has

very strong evidence in its favor, it is still possible that the paroxysm of asthma may be occasioned by sudden and evanescent swelling of the mucous membrane of the bronchioles, partaking more or less of the characters of the wheals of urticaria, occurring both on the mucous membrane of the mouth and on the skin.

THE INFLUENCE OF VARIOLA ON TUBERCULOSIS.—The discussion of the influence of one form of germ on another lends interest to the following statement, made at a recent meeting of the Cincinnati Academy of Medicine, by Dr. Davy (Lancet and Clinic), who stated that he had a case of advanced tuberculosis, who was attacked with variola, and on recovering from this acute attack all lung trouble was gone, and he has since remained well.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from December 6, 1885, to December 12, 1885:

First Lieutenant H. P. Birmingham, Assistant Surgeon, ordered for duty at Camp Grant, Riverside Park, New York City. *First Lieutenant Geo. E. Bushnell*, Assistant Surgeon, ordered for duty as Post Surgeon, Fort Preble, Me. *Captain Wm. J. Wilson*, Assistant Surgeon, ordered for duty as Post Surgeon, Plattsburg Barracks, N. Y. *Captain D. M. Appel*, Assistant Surgeon, ordered for duty at Jackson Barracks, La. (S. O. 256, Dept. East, December 4, 1885.) *First Lieutenant Edward Everts*, Assistant Surgeon, ordered from Department Columbia to Department Arizona. (S. O. 279, A. G. O., December 5, 1885.) *First Lieutenant A. S. Polhemus*, Assistant Surgeon, relieved from duty at Presidio of San Francisco, Cal., and ordered for duty as Post Surgeon at Fort Halleck, Nev., relieving acting Assistant Surgeon Loren N. Clark, U. S. Army. (S. O. 113, Department Cal., November 30, 1885.)

MARINE MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended December 12, 1885:

Yemans, H. W., Passed Assistant Surgeon, granted leave of absence for fifteen days. December 7, 1885. *Bratton, W. D.*, Assistant Surgeon, when relieved to proceed to San Francisco, Cal. December 12, 1885. *Norman, Seaton*, Assistant Surgeon, appointed an Assistant Surgeon, December 11, 1885; assigned to duty at New York, N. Y. December 12, 1885.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÄ."

SATURDAY, DECEMBER 26, 1885.

Original.

MESSAGE IN THE TREATMENT OF DISEASE.*

BY T. S. BULLOCK, M. D.

Mr. President and gentlemen of the Society: I invite your attention this evening to the treatment of certain forms of disease by massage, applied motion, and position. These methods of treatment have proven so valuable that they no longer admit of being left in the hands of nurses, empirics, and quacks. Every competent physician is aware that there are many chronic cases of disease of long-standing *opprobria medicinæ*, which are not amenable to ordinary treatment, but are rendered rather the worse thereby. The desiderata in all these cases are efficient exercise and improved nutrition, but in the majority of them there are insuperable difficulties, mental or physical, in the way of attaining these desired ends. In this class of cases these means of treatment, under proper supervision, have proved signally beneficial.

As the readily-available literature on this subject is scanty, I take the liberty of presenting you with the following brief *résumé* of the physiology and therapy of massage, applied motion, and position:

Dr. George W. Jacoby, in a recent number of the *Journal for Mental and Nervous Diseases*, thus sums up the physiology of Massage:

1. Massage accelerates the flow of the lymph current.
2. It sometimes produces, *always* aids, the absorption of pathological products, which are, through it, forced into the centripetal lymphatics.
3. Massage has an influence upon the local and general blood-supply; exerted for

a short time up to a certain point, it produces contraction of the vessels and localized anemia. Kept up for a longer period of time, it produces dilatation of the walls of the vessels, and thus hyperemia of the part.

4. Massage acts upon the general circulation by reflexly increasing or decreasing the contractile power of the capillaries, and thus increasing or decreasing the velocity of their circulation.

5. Effleverage, or kneading, produces hypnotism.

6. Massage of the neck exerts a general derivative action upon the brain and its membranes, lowering the blood pressure in a short time.

The following are some of the diseases in which massage has proved most useful: Chronic rheumatism, rheumatoid arthritis, and gout. By the combined application of massage and applied motion to the diseased joints, the circulation through them is improved, the pathological products are absorbed and carried off, and joints, which for a long time have been disabled, are often restored to usefulness.

In rheumatoid arthritis, Dr. Wm. Pepper, editor of the *American System of Medicine*, has especially insisted upon the importance of systematic, daily movements of the affected joints as the most essential part of the treatment, combined with thorough massage of all the muscles whose functional activity is impeded or impaired. No one can doubt the value of this treatment in gout. Every physician knows how difficult or even impossible it is to secure proper exercise in gouty patients. Equally good results can be obtained in cases of false ankylosis. Muscular rheumatism is usually relieved at one sitting. "Stroking and kneading the painful muscles," says Niemeyer, "is one of the most efficient means of local treatment."

In cases of chlorosis of long standing, Loomis states that the rest-treatment, com-

* Read before the Louisville Medical Society, November 19, 1885.

bined with massage, is followed by good results when all other means have failed. It is not to be supposed that massage can be applied only to the periphery; by means of improved apparatus, the circulation and nutrition of the abdominal viscera can be influenced. Hence it constitutes the most valuable means at our disposal for the treatment of atonic indigestion, constipation, congestions of the liver, spleen, uterus, etc. By stimulating the abdominal circulation, a beneficial influence is exerted upon cirrhosis of the liver, chronic peritonitis, cellulitis and the like.

The application of massage to the superjacent tissues in cases of pleuritic and peritoneal adhesions is the most efficient means of treatment in such cases.

In the treatment of nervous diseases it is indispensable, enabling us to prevent many of the bad effects, allay the pains and cramps in the muscles, and, by bringing the nutrition of the body to a high degree, to react favorably on the initial lesion. In such cases as apoplexy, chronic spinal meningitis, chronic myelitis, infantile spinal paralysis, chronic anterior polio-myelitis, etc., atrophy of the muscular system with its attendant injurious effects can be in large measure forestalled.

In locomotor ataxia this treatment is a *sine qua non*, relieving the lightning pains and preventing constipation, and inducing sleep. In this disease all authorities assert that the patient should make as little voluntary exertion as possible, hence the absolute necessity for massage. Progressive muscular atrophy, according to Niemeyer, may sometimes be checked by massage, and Loomis says that it is without doubt beneficial when persevered in. In the spasmodic tabes dorsalis of Charcot, in amyotrophic lateral sclerosis, or spastic paralysis, massage and electricity are the only remedial agents we possess. But it is in such functional diseases of the nervous system as hysteria, neurasthenia, chorea, spinal irritation, localized spasm, and paralysis (such as writers' cramp) that the most brilliant results have been obtained by the use of massage, combined with the rest-treatment and proper diet. It is only necessary to read the testimony of such men as Goodell and Weir Mitchell (*vide* Fat and Blood) upon this point to become convinced that we have in massage, combined with proper feeding, a means of treatment which will restore to health and usefulness many chronic invalids who have dragged through

years of suffering under the ordinary therapeutical means.

Recognizing the fact that massage is the most powerful promoter of nutrition, you can readily make many more applications of the principle of treatment for yourselves. There is nothing disagreeable in its application; in fact it exerts a singularly soothing effect upon the patient, promoting sleep.

The treatment by position is yet in its incipency, but it bids fair to revolutionize practice in certain quarters. It has proved highly useful in the treatment of uterine congestions and displacements by favoring the return circulation from the abdominal organs and allowing them to return to their normal positions. Under these circumstances, congestion of the uterus is relieved much more promptly and completely than can be done by depletion of the os, and the little organ, which is not at all the willful and perverse entity gynecologists seem to consider it, assumes its proper position. By means of a properly-constructed chair, the patient can be placed in such a position that the hips are elevated above the level of the head. At first she is allowed to remain only a short time in this position, and the period is gradually prolonged without the slightest inconvenience. Practically it is found that the slight congestion of the brain caused by this position causes no inconvenience, and cannot be advanced as an objection to this mode of treatment. In fact cerebral anemia, insomnia, and allied disorders, are markedly benefited by the favorable influence exerted on the cerebral circulation. The folly of attempting to treat uterine troubles while the superjacent organs are impacted in the pelvis should be apparent to any one. These means of treatment are not meant in the least to supplant other well-approved methods.

They are simply like electricity, invaluable adjuvants when scientifically applied. Mechanical massage is superior to manual in that it is much more thorough, uniform, and efficient. All the authorities agree that a vibration of at least six hundred per minute is desirable, which is, of course, unattainable by hand. The treatment by hand is open to two serious objections:

1. As it is performed by persons who are wholly ignorant of the ends to be attained, and who are anxious to give a *quid pro quo*; in delicate patients, as it is usually impossible for the physician to personally superintend the manipulation, the result almost invariably is that the process is unduly pro-

longed, and the patient is wearied and made sore, instead of soothed and benefited.

2. When the patient has reached a certain stage of improvement the masseur is no longer able physically to impart the amount of energy demanded by the increased capacity of the patient to receive it. Also, when it is desirable to influence the circulation of the abdominal viscera, the physical strength and endurance of the masseur are found to be insufficient. For these reasons some simple and efficient apparatus has been invented, which has proved eminently satisfactory in the hands of competent physicians.

The naturalness of this method, therefore appeals to all minds. Every physician recognizes how essential it is in the treatment of disease to imitate and assist nature. By the thorough application of massage to the entire body, best accomplished by mechanical appliances, the circulation is improved, the elimination of effete matter hastened, and a demand for increased nutritive material created. There are many invalids who would be greatly benefited by exercise, if it were not that the nervous energy expended is out of proportion to the benefit derived. In such cases as these massage is the remedy *par excellence*. To understand clearly this power of massage as a remedy for nervous diseases, it is necessary to draw the proper distinction between massage and exercise. The former is energy in the form of motion received. The latter is energy given, yielded, or expended. Massage depends on sources outside of the individual to whom it is applied. Exercise is at the expense of the interior resources of the individual, the one involves no effort on the part of the patient, and therefore demands no nutritive action for the support of nerve centers; the other is incited by his will and demands primarily increase of blood in the nerve centers to maintain the nutritive action engendered by the effort. This refers to the healthy state.

But in disease the difference is much greater. For while in health exercise affords equal incitation to nutrition and to the two main sources of vital energy, the nerves and the muscles, and therefore maintains their center-poise of nutritive support, it is very different when the vital powers become disabled and energy is diminished. In this case greater proportional expenditure is found necessary to incite the enfeebled muscles and temporarily sustain their exertion. This correspondingly increases the

blood-supply to the nerve centers, but at the same time actually withdraws it from the muscles, thus making a bad matter worse. Hyperemia is soon induced, disability follows, and consequently the excessive supply of material in the blood becomes useless for nutritive purposes. Thus it is explained how both excess and deficiency of blood may correctly be predicated of many forms of nervous disease.

The practical therapeutic lessons to be deduced from these physiological postulates may be briefly stated. The physician by supplying incentive to muscular activity obviates the causes both for the excess and the deficiency of blood-supply to the nerve centers, and at the same time removes the adventitious chemical and physical impediments to wholesome, and therefore remedial nutritive operations of other important parts. No other measures can in the nature of things prove so efficacious as massage, because by no others is it possible to incite muscular nutrition or a demand by muscle for nutritive support, without at the same time arousing the nutritive activity of the nerve centers. It is a fundamental principle in this method of treatment that fatigue and pain are *always* injurious, and in these cases more than any other is the old adage exemplified that comfort is cure.

LOUISVILLE,

Miscellany.

DANGERS OF COCAINE.—At a recent meeting of the Ophthalmological Society of the United Kingdom (British Medical Journal), Mr. Nettleship said he wished to hear the experience of members of the Society on this subject. Was there any general suspicion that the gelatine disks of cocaine were not satisfactory? His suspicions had been raised by the occurrence of a serious run of cases of panophthalmitis at St. Thomas's Hospital, while, at the same time, the cases at Moorfields did well. At St. Thomas's Hospital he had been using gelatine disks of cocaine before iridectomy and cataract. Messrs. Savory and Moore had informed him that since cocaine was hygroscopic, the gelatine disks were always moist, and that it was impossible to keep them thoroughly dry; he suggested that the disks might afford a breeding ground for pathogenic organisms. Solutions of cocaine also apparently had a tendency to cause pan-

ophthalmitis. Gräfe had found chronic interstitial keratitis much more common since he had used cocaine.

In the discussion Mr. M. McHardy said he had also at one time had a run of panophthalmitis after using solutions of cocaine. Fifteen days appeared to be the longest time which it was safe to keep a solution of cocaine; since using quite fresh solutions (eight per cent) he had had no bad cases. Mr. Edgar Browne had also recently had an unfortunate series of cases, and was inclined to suspect that cocaine was responsible for that misfortune. Mr. Story said that solutions of cocaine might be made up with boracic acid. He observed that he found it difficult to understand why solutions of cocaine should be so dangerous, while atropine solutions had been used for many years without mischance. He observed that epidemics of panophthalmitis had always occurred from time to time before the introduction of cocaine. Mr. Marcus Gunn suggested that these epidemics might have been due to the atropine solutions, which had also afforded a breeding-ground for germs. Mr. Lang mentioned a case of panophthalmitis which he had recently encountered where the only cause that could be suggested was that the solution of cocaine was not fresh. Mr. Nettleship said that at Moorfields the solutions of cocaine were made up with saturated solution of boracic acid.

THE LOMB PRIZE.—The Boston Medical and Surgical Journal says that at the recent meeting of the American Public Health Association, the awarding of the prizes offered by Mr. Henry Lomb, of Rochester, New York, for four popular essays on specified subjects attracted marked attention. The labor imposed upon the judges of the papers on two of the subjects was very great, there being thirty-six dissertations on healthy homes and food for the working classes, and twenty on the sanitary conditions and necessities of school-houses and school-life, some of them very long; but the character of the gentlemen composing the committees is a guarantee of the care and thoroughness which they brought to their task; and, while none but they as yet know the quality of the productions which received their approving votes, it is unlikely that any body will be dissatisfied with their decision, except the unsuccessful competitors. Only one first prize was awarded, that to Dr. Sternberg, for the essay on dis-

infection and individual prophylaxis against infectious diseases; the committee on the school-hygiene essay reported that, as none of the papers displayed originality, no first prize on that subject would be given. But it seems probable that Dr. Lincoln would have received a first instead of a second prize, if he had not already written so fully and ably on the subject of school-hygiene that he was obliged to quote largely from his own contributions.

As only \$1,100 of the \$2,800 furnished were distributed by the judges, Mr. Lomb, after deducting the cost of copying the sixty-eight essays with a type-writer, offers the remainder in prizes for 1886, on topics kindred to those of this year. The exact subjects are not yet announced. In addition to this, he proposes four prizes for plans for inexpensive houses, adapted to the needs and purses of working men. Such action on the part of a man whose means are not large is an example of a most generous spirit, and an enlightened desire to benefit the common people, which deserves wide and grateful recognition and frequent imitation. The Association gracefully expresses its appreciation of Mr. Lomb's munificence by making him its first life-member. Cheap and popular editions of the successful essays are to be published and given the widest possible distribution, in order that their teachings may reach the classes for whose benefit they were written.

HOW "WONDERFULLY" WE ARE MADE. The Medical World says that, according to Professor Huxley's table, a full grown man should weigh 154 pounds, made up thus: Muscles and their appurtenances, 68 pounds; bony skeleton, 24 pounds; integument, 10½ pounds; fat, 28 pounds; brains, 3 pounds; viscera of thorax, 3½ pounds; abdominal viscera, 11 pounds; blood, which would drain the body, 7 pounds. He should consume, per diem, beefsteak, 5,000 grains; bread, 6,000 grains; milk, 7,000 grains; potatoes, 3,000 grains; butter, 600 grains; water, 22,900 grains. His heart should beat 75 times per minute; he should breathe 15 times per minute. In twenty-four hours he would vitiate 1,750 cubic feet of air to the extent of one per cent. He would throw off by the skin, 18 ounces of water, 400 grains of solid matter, and 400 grains of carbonic acid every twenty-four hours, the total loss in that period of time amounting to six pounds of water and over two pounds of other matter.

THE EFFECTS OF DOUBLE OVARIOTOMY ON MENSTRUATION.—The Paris correspondent of the British Medical Journal says that at a recent meeting of the Société de Chirurgie, M. Terrier read some clinical notes on the influence of double ovariectomy on menstruation. He has performed the operation twenty-two times. In some of his patients he has been able to study their condition during ten years after the operation; in others during one year only. One patient had menstruated from the age of sixteen to the age of twenty-two; she was aged fifty-two when operated on. Two others, whose general state of health was very serious, had not menstruated for several months. All the others, thirteen out of twenty-two, menstruated regularly. The two ovaries were removed, and, in most of the patients, the menstrual flow took place. In one case of single ovariectomy, the menses reappeared three months after the operation, and were regularly repeated until the remaining ovary was removed, and then they disappeared. In another instance, in which the right ovary was removed, the menses continued; the left ovary was subsequently removed, and during five months afterward the menstrual flow took place regularly at the normal periods; later on, the menopause was definitely established. Three patients menstruated regularly during seven years after undergoing double ovariectomy. M. Terrier concludes that ovariectomy is generally followed by suppression of the menstrual flow. This may not occur immediately; sometimes the menses appear once after the operation, sometimes twice during the following year, sometimes four times during the three subsequent years.

AN INJUSTICE TO DR. J. S. BILLINGS.—The Washington correspondent of the New York Medical Journal writes:

Much sympathy is felt with Surgeon Billings on account of the recent ruling of the accounting officers of the Treasury Department, whereby he is obliged to pay from his own pocket the expenses of his trip to Europe in attendance upon the meeting of the International Medical Congress and in collection of books and pictures for the library. This trip was evidently, as is reported, mainly for the latter purpose, and its results are already manifest in valuable additions to the library. Furthermore, the journey was made under the orders of the Secretary of War. It is understood that a similar ruling will be made on the

traveling-expense accounts of Medical Director Brown, of the navy, who attended the same congress. The immediate effect of this ruling will be that these details will not be sought after as in the past. It looks, to an unprejudiced observer, as if medical men scarcely had an equal chance with other classes of our fellow-countrymen. An army officer of good looks, a graduate of the military free academy, and of undoubted pedigree, can with little trouble get an order taking him to witness the spring maneuvers at Saint Cyr, the mobilization of the Landwehr, or perhaps the actual hostilities between contending forces, but who ever heard of an order detailing a doctor to witness the establishment and hygienic management of the hospitals abroad, or of the quarantine service? It is only recently that we have gained enough in that direction to allow of the sending of an expert to study the cholera epidemic, and one to participate in the sanitary conference.

At the recent meeting of the American Public Health Association, Dr. H. P. Walcott, of Cambridge, Mass., was elected President, and Dr. Covernton, President of the Ontario Board of Health, First Vice-President. The next annual meeting will be held at Toronto, Canada.

M. DUBOIS, in a recent communication to the Société de Biologie, maintained that vaseline was not injurious when taken with food. He gave an account of the effects it produced in dogs' feed exclusively; his conclusions were that it produced no gastric disturbances.

DR. ALBERT H. SMITH, a prominent gynecologist, of Philadelphia, died in that city December 14th, after a painful illness of several months' duration. Dr. Smith was a writer of much ability, but is principally known by his modification of Hodge's pessary.

THE late Wm. H. Vanderbilt's will contained a bequest of \$100,000 to St. Luke's Hospital, New York, and \$50,000 to the Home for Incurables.

DR. SQUIBB advises, that when cantharides fail to produce a blister, washing the surface with vinegar or dilute acetic acid and then apply the cantharides will often prove efficient.

The Louisville Medical News.

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THE CAUSE OF SEX.

Of the countless interesting questions in biology, none perhaps is more so, and at the same time apparently more inscrutable than the influences which determine human sex, and the equal numbers of the sex.

Up to the present time almost nothing has been done to clear up the subject except to call attention to an occasional fact going to show the proximate cause of the preponderance in number, in a given instance, of one or the other of the sexes. These facts, however, do not lead to any rules of extended application, and in the trite maxim of many lands, that "it takes a man to beget a girl, but any body can beget a boy," is expressed pretty well the extent of knowledge on the subject.

Quite a number of facts point to the conclusion that where the male possesses the excess of energy, the majority of the offspring will be female, and that the offspring will present a majority of males when the female parent has the excess of energy. Statistics, however, upon this point are unsatisfactory, and liable to be misleading; and it is enough to say that so far they have led to no satisfactory conclusions. The

foundation, we feel safe in saying, lies deeper than any such accidental conditions; as deep, in fact, as the law of being itself. We know that there must be some law determining sex in each case; no one believes it is due to miracle, and accident is out of the question.

It seems to us that the matter can be somewhat simplified by determining the truth or falsity of the doctrine of the physical basis of life, and this doctrine has never been satisfactorily proved.

A multitude of features are possessed in common by living and non-living matter, but in one department there is a sea between them, and that is in the matter of reproduction and multiplication. Here the doctrine of the correlation of the "physical and vital forces" fails utterly. Thought, growth, feeling, all else that can be named, might possibly be resolved into their physical equivalents; but reproduction is of the unique essence of life. An acorn planted produces a tree which grows up against the laws of gravity, conducts innumerable syntheses against the laws of chemistry, and then against the laws of physics reproduces a million other acorns just like the first. This may be repeated until all the organizable material in the earth has undergone a similar transformation, and all from that one acorn. It is exactly as if one should take his finger and start a little eddy in the ocean, and that eddy should produce others, and they others until all the waters of the earth should be set in motion at one time by that one little eddy made with the end of the finger.

Between the vital force and the common forms of physical force there must be interaction, though in a way yet to be learned, but correlated they are not upon any plane at present known.

This brings us, then, to a theoretical consideration of the causes of the difference of sex.

The theory rests upon the supposition that all about the earth there are atoms of a peculiar character which may be called vital

atoms, possessed of a peculiar force, the vital force; that these atoms are from the beginning male and female in about equal numbers; that atoms of both sexes combine to form the new individual, the combination taking place at the moment of fecundation. These atoms, by their various attractions, repulsions, and tensions determine the form and course of development of the new being. If a majority of these atoms is male, the new being will be a male, but the female atoms will expend their energy in building up the female rudiments in the male; if the majority be female, the result of the combination will be a female, but the male atoms, with their forces, will determine the development of the male rudimentary parts in the resulting female.

It is clear that if for a time the production of one sex is in excess, there will remain a tendency in nature to the production of an excess of the other until equality is established; for, by the doctrine of chances on this hypothesis, the numbers of the sexes must be practically equal.

Does it seem visionary or in any way unreasonable to suppose that atoms can seek their kind in this way? Suppose some one were to show us a nebula tens of thousands of miles in diameter, all composed of gases, and tell us that in that nebula there is copper and mercury and tin and platinum, all perfectly diffused through the immense mass, but that in the course of time the copper would come together in great quantities as a pure metal in a few deposits thousands of miles apart, and that the volatile mercury, as well as the heavier tin and platinum, would collect in colonies remote from each other in the nebulous mass as it cooled? Such a statement would sound strange, or even preposterous, if it were not well known that this very thing has occurred in the cooling of our earth. Is it therefore any more strange that atoms or forces, which are the basis of life, should yet be ranging the earth or dwelling in plants, waiting to be organized and clothed upon by their destiny?

S.

CONSOLIDATION.

On the 1st of January, 1886, the Louisville Medical News and the American Practitioner will unite under the name of the AMERICAN PRACTITIONER AND NEWS. The journal will be a bi-weekly, every other Saturday being the day of its issue. It will contain thirty-two royal octavo pages, printed in double columns, and, presenting our readers, at the same price, with the same yearly aggregate of matter as was given by the Medical News, will combine the essential features of both journals with some desirable improvements. The journal is to be edited by Drs. D. W. Yandell and H. A. Cottell, who will strive in full faith to make it a mirror of medical progress and the champion of professional rights, while, from the vantage ground afforded by a combination of forces, they are confident that they will be able to do work of far greater worth and influence than was possible in their former separate spheres of labor. In making this change of form but not of function, we tender our best thanks to our subscribers and contributors for the liberal manner in which they have seconded our efforts to maintain the influence and usefulness of the Louisville Medical News during the six happy years of our editorial connection with it, and trust that the coming journal may meet with like kind encouragement and support.

A CARD FROM THE PUBLISHERS.

The publishers of the American Practitioner and the Louisville Medical News take pleasure in announcing that a consolidation has been effected between these two journals, and, beginning with the 1st of January, they will appear under the title of THE AMERICAN PRACTITIONER AND NEWS.

The new Journal will be a bi-weekly, containing thirty-two double-column pages, being issued on every other Saturday. It will be edited by D. W. Yandell, M. D., of the American Practitioner, and H. A. Cottell, M. D., of the Louisville Medical News. The names of these two gentlemen are deemed a sufficient guarantee that the editorial conduct of the journal will be all that experience and patience and good taste can make it. The

American Practitioner has now been before the public sixteen years, and has steadily won its way among the better classes of the profession in all parts of the country. The Louisville Medical News began its work in 1876, and was at once recognized as among the most valuable of the weekly publications.

It is believed that the friends of both journals will lend their support to the new enterprise, and thus enable its editors to produce a bi-weekly found worthy of the work it has set before it, and worthy of the profession which it will represent.

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Bibliography.

Climatology and Mineral Water of the United States. By A. N. BELL, A. M., M. D., Editor of *The Sanitarian*, etc. 8vo, pp. vii and 386.

Diseases of the Lungs (of a specific not tubercular nature); Acute Bronchitis; Infectious Pneumonia; Gangrene; Syphilis; Cancer, and Hydatid of the Lungs. By Prof. GERMAIN SÉE, Member of the Academy of Medicine, Member of the Faculty of Medicine, Physician to the Hotel Dieu, Paris, France. Translated by E. P. Hurd, M. D., with Appendices by Prof. Dujardin-Beaumetz and George M. Sternberg, M. D. 8vo, pp. xxii and 398.

Diagnosis of Diseases of the Brain and of the Spinal Cord. By W. R. GOWERS, M. D., F.R.C.P., Assistant Professor of Clinical Medicine in University College, etc. 8 vo, pp. viii and 292. New York; William Wood & Co. 1885.

The above-noted books are the October, November, and December numbers of Wood's Library of Standard Medical Authors for 1885.

The first volume is a home work of profound learning and great practical value, by one of our ablest sanitarians. The author, in its preparation, has availed himself of the essentials of our signal service reports and the observations of our best students in climatology, and, interpreting their meaning with the insight of the philosophical physician, has drawn from them lessons of great practical value. The question of mineral waters is also admirably presented; the sit-

uation, composition, and medicinal value of all the celebrated springs of the United States being set forth in a systematic and scientific manner. Certainly no physician who contemplates the sending of patients abroad in search of health will fail to give this book a careful perusal.

The second volume is from the pen of an eminent French writer, whose name is familiar to all readers of current medical literature. It is a masterly unfolding of the pathology and clinical history of the non-tuberculous varieties of pulmonary disease, and is destined to make the physician more careful in diagnosis, with a material lessening of the gigantic statistical showing of deaths by phthisis, since it is a too common practice to attribute to this disease an unwarranted number of chronic fatal lung affections. The appendices on the Pneumonia-Coccus, of Freidlander, by Dr. Sternberg, and on bacteria as connected with lung disease, by Dr. Beaumetz, are both able articles, and in the light of modern pathological research, will be read with great interest. These essays are freely illustrated by means of wood-cuts.

The author's suggestions as to treatment are full and in the spirit of modern medicine. As a whole the work must be regarded as a unique and substantial contribution to our knowledge of pulmonary affections.

The third volume is a series of lectures delivered by Dr. Gowers at the University College Hospital, London. Though devoted ostensibly to the diagnosis of diseases of the brain and spinal cord, it necessarily deals with the pathology and clinical history of these affections. Its perusal, then, can not fail to give the student a clear insight into the nature of structural nerve diseases.

The author writes in the spirit of a true clinician, and displays not only profound scholarship, but great ingenuity and refreshing originality. His book, in the hands of the practical physician, will in many cases spare the latter the necessity, and his patient the inconvenience and expense of seeking the opinion of a specialist before a diagnosis can be made.

In conclusion, it may be said that the volumes here noticed well sustain the high degree of excellence which has ever characterized the Library of Standard Medical Authors, and it is to be hoped that the publishers have met with such encouragement in their liberal work as shall warrant the issue of a series during the coming year.

The Essentials of Histology: Descriptive and Practical, for the Use of Students. By E. A. SCHAEFER, F. R. S., Jodrell Professor of Physiology in University College, London, etc. 8vo. pp. viii and 245. Cloth, price, \$2.25. Philadelphia: Lea Bros. & Co. 1885. For sale by John P. Morton & Co.

This is a well-written, well-illustrated, and admirably arranged text-book for the student of normal histology. The tissues of the body are taken up *seriatim* and described briefly but without the omission of any essential point, while clear and beautiful pictures of the structures as they actually appear under the microscope render a misunderstanding of the text impossible. This is a great improvement upon the diagrammatic method of many authors, which too often gives the student a false notion of the tissue to be studied. If we may find fault with these admirable illustrations, we should hint that the author is somewhat too fond of high powers. The appendix gives full directions in the matter of tissue hardening, staining and section-cutting. The work is essentially a text-book for demonstration, and does not burden the student with mooted biological problems.

Milk Analysis and Infant Feeding. A Practical Treatise on the Examination of Human and Cow's Milk, Cream, Condensed Milk, etc., and Directions as to the Diet of Young Infants. By ARTHUR V. MEIGS, M. D. 16mo, pp. 102. Cloth, price \$1.00. Philadelphia: P. Blakiston & Son. 1885.

The author here presents a very thorough and judicious exposition of the subjects embraced, and a fortunate thing it would be if it were in the hands not only of physicians but of every one who has the care of infants who must depend on artificial feeding.

D. T. S.

The Pedigree of Disease: Being six Lectures on Temperament, Idiosyncrasy, and Diathesis. Delivered in the Theater of the Royal College of Surgeons in the Session of 1881. By JONATHAN HUTCHINSON, F. R. S., Late Professor of Surgery and Pathology in the College; Emeritus Professor of Surgery in the London Hospital; President of Ophthalmological Society, etc. 12mo, pp. 113. New York: William Wood & Co. 1885.

It is almost superfluous to commend at this day a work from the pen of Jonathan Hutchinson; his name alone is a guarantee that whatever comes from his hand is well done. The Pedigree of Disease is a most valuable equipment for the practitioner at

the bedside, both as regards prognosis and treatment, and for that matter diagnosis also. In the mooted point of the contagiousness of leprosy, Dr. Hutchinson champions the negative, erroneously, as we can not help believing.

D. T. S.

Clinical Notes on Uterine Surgery. With special Reference to the Management of the Sterile Condition. By J. MARION SIMS, A. B., M. D., Late Surgeon to the Woman's Hospital, New York; Fellow of the New York Academy of Medicine; of the Royal Medical and Chirurgical Society, London, etc. New York: William Wood & Co. 8vo, pp. ix and 401. Price, \$1; paper. 1885.

This memorial volume embraces the chief part of the published works (all too few) of the eminent author, whose name marks an era in one of the most important fields of medical knowledge. The fruits of a rich experience are here stated with the directness, clearness, conciseness, and force of a genius and a master. No physician who at all affects gynecology can afford to be without it.

D. T. S.

Insomnia and Other Disorders of Sleep. By HENRY LYMAN, A. M., M. D., Professor of Theory and Practice in Rush Medical College; Professor of Theory and Practice in the Woman's Medical College, Chicago, Ill., etc. 16mo, pp. 238. Cloth. Chicago: W. T. Kenner. 1885.

This is a well-written expose of the subject of which it treats, and affords much interesting reading; but one who has thought much upon the subject rises from its perusal with the unsatisfied feeling often experienced before. The question of the essential nature of sleep has not been touched. Considerable attention is devoted by the author to the subject of dreams, and also a very full presentation is made of the question of hypnotism, now again exciting so much interest.

D. T. S.

Rationalism in Medical Treatment; or the Restoration of Chemism, the System of the Future. By WM. THORNTON. 16mo, pp. 46. Boston: Published by the author.

This is the title of a comely little book which the author has had printed with one side of every leaf left blank, which was very kind of the author, for it is a very agreeable reminder of the pleasure to be afforded had he left the other side blank also.

D. T. S.

Wood's Pocket Manuals; Cutaneous Memoranda. By Henry G. Piffard, A.M., M.D., Clinical Professor of Dermatology, University of the City of New York, Consulting Surgeon to the Charity Hospital and to the Bureau of Out-door Relief, Bellevue Hospital. Third edition. New York: William Wood & Co., 56 and 58 Lafayette Place. 1885. 16mo, pp. vi and 268.

Wood's Pocket Manuals; Venereal Memoranda. A Manual for the Student and Practitioner. By P. A. Morrow, A.M., M.D., Clinical Professor of Venereal Diseases in the University of the City of New York, Surgeon to Charity Hospital, Attending Surgeon to the Bellevue Hospital Out-door Relief Department of Skin Diseases, etc. New York: William Wood & Co. 1885. 16mo, pp. x and 332.

Psychiatry. A Clinical Treatise on Diseases of the Fore-brain based upon a study of its Structure, Functions, and Nutrition. By Theodore Meynert, M.D., Professor of Nervous Diseases and Chief of the Psychiatric Clinic in Vienna. Translated (under the authority of the author) by B. Sachs, M.D., Instructor in Diseases of the Mind and Nervous System in the New York Polyclinic. Part first: The Anatomy, Physiology, and Chemistry of the Brain. New York and London: G. P. Putnam's Sons. 1885. 8vo, pp. ix and 285.

Report of the Committee on Disinfectants of the American Public Health Association. 1885. Committee: George M. Sternberg, M.D., Surgeon U. S. A.; Joseph H. Raymond, M.D., Commissioner of Health of the City of Brooklyn, N. Y.; Charles Smart, M.D., Surgeon U. S. A.; Victor C. Vaughan, M.D., Ph. D., Michigan Board of Health; A. R. Leeds, M.D., New Jersey Board of Health; W. H. Watkins, M.D., Medical Director of the Auxiliary Sanitary Association of New Orleans; George H. Rohé, M.D., Baltimore. Baltimore. Printed for the Committee. 1885. 8vo, pp. xii and 137; paper. From the office of the Kentucky State Board of Health, Bowling Green, Kentucky.

THE conference of State Boards of Health elected Dr. J. N. McCormack, of Kentucky, President; and Dr. Conn, of New Hampshire, Secretary. Its annual meetings are held at the same place and on the day preceding that of the Public Health Association.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

It is worthy of remark that not many years ago biologists were almost unanimously of opinion that the flesh of animals affected by tuberculosis might be eaten with impunity. At the last meeting of the Sanitary Congress, which was held at Paris a short time ago, M. Arloing, a veterinarian of some note, endeavored to refute this theory on the ground that it has been proved by experiment that the tuberculosis of animals is transmissible to man. He cited the experiments performed last year by M. Chauveau, the well-known veterinarian of Lyons, from which it resulted that of twenty guinea-pigs inoculated with the juice of the flesh of an animal manifestly tuberculous, there were two positive results. The inoculation of the product of tuberculous glands and of the hepatic nodules has always and in every case communicated tuberculosis to the guinea-pigs. In one case, a temperature of 70° C. (178° F) did not destroy the virulence of the tuberculous liquid. Hence, M. Arloing concludes that it is dangerous to eat the flesh of tuberculous animals. It is true that this danger is limited, yet, it is real, and in order to resolve the question as to the extent of the danger, M. Chauveau divides tuberculosis into three stages: (1) When a single organ is affected; (2) when the glands and the lymphatic system of that organ are subsequently affected; (3) when the tuberculous products tend to leave that organ and become generalized through the medium of the circulatory and lymphatic systems. It is at this last stage that the meat possesses the maximum of virulence, it should, therefore, be seized and destroyed. When the affection is limited it is sufficient to seize and destroy the parts affected. In any case, one should not trust to the exterior appearance of the meat, as whether it be fat or lean, it is injurious whenever it contains specific bacilli. Fat meat would be more dangerous than lean meat, as one is more tempted to purchase the former in preference to the later.

M. Nocard, another veterinarian of note, in responding to the above remarks, stated that he thought the danger attending the eating of contaminated meat was more imaginary than real, or at any rate greatly exaggerated. Eating such meat in a raw or

underdone state would certainly be noxious, but when subjected to a high heat, as in cooking, all danger is overcome whatever be the nature of the contamination. M. Nocard further stated that he himself would not hesitate to eat such meat even if it were contaminated with the rabic virus.

Some experiments were recently performed at the Hôpital Cochin at Paris, under the direction of M. Pasteur, with the view of determining the germicidal and disinfectant properties of the vapor of the liquid bisulphide of carbon or the "liquor of Pictet," as it has been termed in the report of experiments. A room of about sixty-five cubic meters of capacity, in a wooden building, not hermetically closed, was filled with the fumes of the bisulphide of carbon, after having placed in tubes containing different sorts of micro-organisms in mattresses and pillows, and in different parts of the room. The exposure of these articles to the action of the fumes was maintained during twenty-four hours; at the end of this time the tubes were taken to the laboratory of M. Pasteur, and experiments of culture were made with their contents. The results showed that the bacillus of cholera, the germs of what is known under the name of pork typhoid, and the bacteria of carbuncle were not killed. These results concord with those obtained by means of sulphurous-acid gas, over which the bisulphide of carbon seems to have no advantage whatever.

According to a report of Dr. P. Redard, principal medical officer of the government railways of France, in which he gives the results of some experiments performed by him to determine the real value of certain means of disinfection which are employed in Europe for purifying the wagons which serve for the transport of animals. He concludes that the means hitherto employed, viz, carbolic acid, the chloride of zinc, the sulphate of zinc, and sulphur, for the disinfection of these wagons are absolutely inefficacious for destroying the different viruses, and that steam alone, at the temperature of 110° Centigrade (262° F.) produces the best results. In short, these conclusions concord with those of other experimenters, and are recommended for the serious consideration of all persons interested in the transport of animals by railway.

Great progress has certainly been effected in the surgical wards of hospitals since the adoption of antiseptic dressings for wounds.

Their influence on the decrease of erysipelas has been particularly studied by Dr. Polaillon, surgeon of La Pitié Hôpital. During his term of office at the Hôpital Cochin, which covered five years, Dr. Polaillon, in employing injections and washes of an alcoholic solution of the chloride of zinc, succeeded in reducing the mortality from puerperal fever or "erysipelas of the peritoneum," to 1 per 217 confinements. In his service at the Pitié, this prudent surgeon carefully washes all the wounds, whether accidental or operative, with a solution of carbolic acid of five per cent. In comparing this practice with that carried out in the other wards, that of Dr. Polaillon has been attended by the most favorable results, if one may judge from the following figures. The mortality in the ward before M. Polaillon took charge of it used to average about 26.74 per cent, whereas now it is only about 14.52 per cent. These interesting results, which have been published in a pamphlet, are certainly due to the five-per-cent solution of carbolic acid, which is slightly caustic, and consequently much more germicidal than the weaker solutions usually employed.

Death has been rather busy among the medical profession of Paris. Dr. Rabuteau, the well-known biologist and therapist, died on the 21st inst., at the age of forty-nine.

M. Henri Bouley died on the 30th ult., after a long illness from disease of the heart. He was one of the leading members of the veterinary profession, but he distinguished himself as a general biologist, and his great scientific knowledge was universally recognized. He was a member of both the Academies of Sciences and of Medicine of Paris; elected last year Vice-President of the Academy of Sciences, he became President for the present year. He was for many years professor of clinical surgery at the veterinary school of Alfort, which post he relinquished in his promotion to the inspector-generalship of the veterinary school of France. He was also professor of the Museum of Natural History of Paris, and member of the Council of Hygiene. His funeral took place on Wednesday last, at which the various societies to which the deceased belonged were officially represented, and, as he was commander of the Legion of Honor, military honors were rendered on the occasion. He was seventy-one years of age.

PARIS, December, 1885.

Selections.

HYSTERECTOMY: A SUGGESTION.—Every one interested in gynecological surgery naturally desires that the mortality after removal of the womb, in suitable cases, should be reduced to a minimum; and I have no doubt many have, like myself, pondered for years on the best method of reaching this much-desired result. Certain ideas which occurred to me years since have been recalled through a case which is at present under care at the Hospital for Women, Soho Square. The patient has a large fibro-myoma extending above the umbilicus; she has free floodings and pressure-symptoms. I intend to give galvano-caustic treatment a fair trial, and if not successful shall proceed to supra-vaginal hysterectomy, according to the following plan: The abdominal incision having been made and the uterus withdrawn from the abdomen and held up vertically by assistants, the peritoneal surfaces and edges of the wound are to be accurately adjusted, and especially at the upper and lower parts near the uterus; the serous covering of the womb must also be carefully joined to the parietal peritoneum. Then the abdomen must be supported with plaster in the usual way, above and below the protruding womb, which is to be enveloped in warm mercuric, boracic, salicylic, or iodoform gauze, covered by bandaging, and suspended in the swing of a special abdominal cradle, which will furthermore protect it from the bed-clothes during the week which will be allowed to lapse before the womb is cut or burned away. During this time the temperature of the patient and of the extra-abdominal uterus must be carefully attended to. This may be called the first stage, and its object is to do away with one of the three chief producers of death after the operation, that is, peritonitis septica. Hemorrhage and shock, the main remaining lethal factors, are proposed to be abolished in the second stage of the operation, which will be this: The patient being again anesthetized, an assistant will support the womb in the vertical position, while a previously disinfected Esmarch's bandage is firmly applied to it in the same way as in bandaging a stump so as to render it exsanguine; then an elastic constrictor (which I have had made, and which is rather less in circumference than an ordinary lead pencil) is to be closely applied around the womb, just above the abdominal wall, and the turns

of this are to be secured by strong silk threads, so as to prevent slipping. When this is done the elastic bandage is to be removed, and the uterus cut away well above the constrictor. I take it that there will thus be little or no shock or bleeding, and the patient will be saved the loss of much blood by the previous application of the elastic bandage, which drives it into the body. The stump is to be dressed with some disinfectant, and the constrictor left in place until the distal part of the stump separates; and this must, of course, be attended to as in extra peritoneal treatment of the stump. In the case of large edematous fibroids frequent attention will be necessary during the first week to render clean and pure all serous oozing.

I am sanguine that this division of the operation will practically abolish septic peritonitis by the closing of the abdominal cavity before doing hysterectomy, thus making the latter an extra-peritoneal operation, and that hemorrhage, both during and after operation will be reduced to nearly zero. The shock of the sudden removal from the abdomen of a large and important organ full of blood, accompanied as it is with free reflux bleeding will also be minimized.

Until we can get far better results than at present by either the intra- or extra-peritoneal modes of treating the stump, it seems to me that this plan of extra-peritoneal operation, in successive stages, holds out encouraging prospects of success, and only needs crucial practical testing; and it is in the hope that some one may have suitable cases before I am justified in operating on mine, that I publish my ideas before they have been put in practice.—*H.A. Reeves, in British Medical Journal.*

GASTROSTOMY.—Mr. C. T. Dent reported the following case to the Clinical Society of London (Medical Press):

The patient, a man, aged forty-four, had suffered for about four months from symptoms of malignant disease of the esophagus. When admitted he could only swallow fluids with difficulty, and had occasional attacks of vomiting. A bougie, passed a long way down, met with an obstruction, and struck against something hard. Gastrostomy was advised, but the patient did not consent to the operation until nearly two months later. The first stage of the operation was performed by means of a curved incision in the left linea semilunaris; the stomach was easily recognized, and the part lying be-

neath the wound was attached to the surface. This part was subsequently proved to be rather near the pyloric end. The stomach was opened on the fifth day. For the first few days subsequently the man improved, but then the stomach became very intolerant of food, and constant thirst was complained of. The patient died on the eighth day after the second operation. Post-mortem, extensive malignant ulceration was found, seven inches and a half below the thyroid cartilage. A large part of the wall of the esophagus was destroyed, and the edges adhered to the spine. The right bronchus and lung were involved. Lower down still, a second malignant growth completely blocked the esophagus. There was no trace of peritonitis. The author remarked that in this case the operation probably neither accelerated nor retarded death. Gastrostomy for malignant stricture was not, in his opinion, justifiable as a "last resource," and could only be advocated in the hope of prolonging life. This it would do if performed very early. The occurrence of vomiting was a very valuable guide, perhaps the most important, as indicating the advisability of gastrostomy. The author cited another case where the esophagus was affected at two distinct points, and pointed out that such instances were not infrequent, and formed an additional argument against esophagostomy in case of malignant stricture. Finally, it would be better to enlarge the abdominal wound if necessary, so as to attach a part of the stomach to the surface remote from the pylorus and near the large curvature.

TAURO-CHOLATE OF SODA.—The foreign correspondent of the Journal A. M. A. says that one of the active principles of ox gall has found its way into pharmacy under the auspices of Dr. Mortimer Granville, who asserts that he has derived benefit from its use in cases of gouty obesity and dyspepsia. The material is tauro-cholate of soda, which is prepared by exhausting dried ox-gall with alcohol, and precipitating the tauro-cholate by means of ether. By evaporation of the ether it slowly separates as a thick treacle-like body, which adheres to the sides of the vessel. The remaining ether is decanted and the residue dried at a low temperature. It is formed into pills, three grains in one pill. The taste of tauro-cholate of soda is first sweet and then bitter; it produces in the throat the peculiar sensation of heart-burn. It is recommended that the pills be

coated with keratine, to prevent them dissolving in the stomach.

FOREIGN BODIES IN THE DIGESTIVE CANAL. In the *Deutsche Medicinal Zeitung*, the case is related by Dr. Kohn of a melancholic patient with suicidal tendencies who, in the hope of ending her life, swallowed three large spoons, each seven inches long and with a bowl about an inch and a half wide. They were all passed from the rectum lying together, the convexity of one bowl fitting into the concavity of the other, and surrounded by a mass of consistent fecal matters. The passage of these bodies had excited a mild peritonitis at first, and later an attack of diarrhea, but these disturbances speedily subsided and no trouble was experienced after the spoons had been passed from the bowel. This case is almost unique, considering the large size of the spoons and the comparatively sharp edges of their bowls.—*Medical Review*.

JEJUNOSTOMY.—Mr. Golding-Bird, at a recent meeting of the Clinical Society of London, reported the following case (Medical Press):

A man, aged forty-six, had had symptoms of pyloric obstruction for ten months. When admitted into Guy's Hospital a tumor could be felt, at the seat of the pylorus, and the man's general condition was one of extreme emaciation through the inability to retain the food he took, and his voluntary abstaining from eating on account of the pain he suffered. After three weeks' treatment under Dr. Carrington, of drugs and washing the stomach out, he passed into Mr. Golding-Bird's hands, and when all the risks had been explained to the patient, and all methods of palliation had failed to improve his condition, arrangements were made to explore the diseased parts, and remove them if expedient. Mr. Golding-Bird, therefore, on October 25, 1885, cut down on the pylorus with a view to performing pylorotomy, following the lines laid down by Billroth; but finding the tumor adherent to the liver, determined to go no further in the radical operation, but to convert it at once into a palliative one of opening the jejunum, in other words of performing jejunostomy. Having seized the jejunum two inches from the duodenum, it was held up on a pair of tongue forceps, while the wound in the parietes was united; to the lower or right end of this wound was the jejunum now stitched by interrupted sutures.

The patient suffered in no way as the result of the operation. He was fed partly by rectum, partly by the mouth, until the third day, when the bowel was opened, and food administered solely through the fistula. It was observed that as long as the meal amounted to a pint, or nearly so, the patient each time he was fed had a severe attack of indigestion, but that this ceased when the meal did not exceed ten ounces. On this the author founded the suggestion that some cases of indigestion were due to the pylorus allowing too free passage of chyme, rather than to any thing wrong with the gastric or pancreatic secretions. Every thing went on perfectly well until the ninth day, the patient putting on flesh, but on that day, through an error in feeding him, some food passed into the peritoneum, and he died in twelve hours. The post-mortem showed such adhesion to, and infiltration of the liver, of the cancerous pylorus, that pylorotomy could not have been performed. Except the narrow track made by the probe, and along which the food passed into the peritoneum, the adhesions of bowel and parietes were perfect. The author then reviewed the operation of pylorotomy, speaking in favor of it in suitable cases, and the operation of gastro-duodenostomy, as performed by Wölfler, and pointed out the great drawback in this operation, that the stomach is not relieved of its physiological duties at all, the pylorus not being required to act. For the operation of jejunostomy, as he termed the one that he detailed, he claimed that, while it possessed the same disadvantage as gastrostomy, in that the patient had to be fed through the fistula, it was otherwise the best palliative operation for pyloric cancer, inviting less risk than gastro-enterostomy, and requiring less interference, in its performance, with the other viscera. By duodenal digestion, he also pointed out, full nourishment could be assured, and there was, for physical reasons, less chance of regurgitation of food than after gastrostomy; regurgitation in these cases being a serious drawback to that operation in esophageal construction.

ON PROTECTION OF THE PERINEUM.—Mekertschiantz, of Tiflis, gives a method of supporting, or rather of relaxing, the perineum, which he has elaborated, and which he thinks will prevent laceration in every case. He has perfected his method during the past five years, and used it in over one hundred and ten consecutive cases.

About fifty of these were primiparæ; several of them were instrumental deliveries; in one case the left hand presented with the head, and in two cases the perineum had been torn in previous labors, and had united fully, and in all these the perineum was preserved entire. In one case of malformation he delivered the head, which was very large, measuring forty-four cubic centimeters in circumference, without injury to the perineum. Only in two cases, both primiparæ, where the vagina was very narrow, there was an unimportant laceration of the mucous membrane.

Briefly described, his method is the following:

The patient lies on her back, knees bent; and legs placed in such position that the perineum is in full view, but is not put on the stretch. When bulging begins, the obstetrician sitting at the right side of the patient, so places his right hand that the thumb is at the right, the rest of the fingers at the left side of the perineum, and seeks to relax it by pressure from both sides.

The idea first suggested itself to him when called to a case in which there was already a small tear of the skin, a beginning central laceration. In his anxiety to prevent further rupture he grasped both sides of the perineum making pressure toward the median line, with the result that the child was very soon born, *per viam naturam*, and the perineum was preserved.

As soon as the presenting part enters the vulva, and distends the frenum, the left hand is carried over the right leg, and placed with the ulnar surface on the symphysis, so that the thumb lying at the right, and the middle finger at the left of the labia, can grasp the whole of the frenum, and, pressing toward each other relax it. The head, as it emerges, receives slight but continual pressure downward and backward from the palm of the left hand, and finally emerges between the thumb and finger. After the birth of the head, the left hand attends to the cord, in case it is wound around the neck, while the right continues to support the perineum until the shoulders are born.

After the head is born, and during the pause in uterine contractions, which then usually takes place, he proceeds immediately to deliver the shoulder. New pains can not be awaited, otherwise the vulva contracts around the neck of the child, endangering it, and then can not resist the distension which follows, especially if the

patient makes use of the abdominal muscles, and bears down. Before pulling down the shoulder, he lifts up the head to see whether the perineum has been injured, and then, contrary to the teaching of most authors, lets the posterior shoulder emerge first; the perineum then has time to contract until the other shoulder appears under the symphysis.

The child is cautiously pressed downward a little until the anterior shoulder does appear, then raised up again, to enable the perineum to be watched. When not possible to extricate the posterior shoulder first, slight pressure is made against the perineum with the neck of the child, lowering the head and endeavoring to deliver the anterior shoulder first. The body is then extracted slowly, particularly when the pains are weak, so that the uterus may contract after it, and inertia uteri and flooding be prevented.

The right hand in every instance continues to relax the perineum until the birth of the child is completed, or, after both shoulders have been born, if no pains help in the delivery, the fore-fingers of both hands may be introduced into the axillæ of the child, and so slowly and carefully extricate it. The position of the legs has a great influence on the tension of the perineum. Excessive flexion and separation of the thighs has produced laceration. Having the legs bent approximately at a right angle was known to the older obstetricians as a protection for the perineum. The perineum during childbirth is distended longitudinally, as well as laterally. The ideal of protection would be to oppose its distension in both directions at the same time. This would be very difficult to accomplish, indeed, is not well possible. As proved by experiments the increase in length is at most only two-thirds the increase in width. Hence the width needs protection more than the length, and relaxation by the above described method accomplishes this.—*Archiv. für Gynäkologie; Physician and Surgeon.*

THE MECHANISM OF THE RIBS.—In an important monograph on this subject, in the *Archiv für Anatomie und Physiologie*, Dr. Hermann von Meyer comes to the conclusion that the ribs are raised, so as to increase the antero-posterior diameter of the thoracic cavity during inspiration, chiefly by the segments of the external intercostals which lie between the vertebral attach-

ments of the ribs and the angles of those bones, and also, as has long been recognized, by that portion of the internal intercostals which lies between the costal cartilages. The increase of the lateral diameter of the thorax is brought about by the rotation upward of each rib, on a line which runs from the costo-vertebral articulation to the sternum. This is the "bucket-handle action," familiar to lecturers on physiology, demonstrators, and students. According to Dr. von Meyer, this is effected by both the external and the internal intercostals; not, of course, by the whole of each of those muscles, but by the entire segment which lies between the angle of the rib and its cartilage.—*Medical and Surgical Reporter.*

THE ANTIQUITY OF SYPHILIS.—Although historians have generally assigned the first appearance of syphilis in Europe to about the year 1495, when the disease was introduced into France at the end of the French expedition against the Neapolitans, it nevertheless has been demonstrated that venereal diseases have existed from the earliest period of the Indo-European race. Rosenbaum, in his "History of Syphilis in Antiquity," has shown that this malady took its origin in India, and was propagated in the line of the order of the succession of Oriental civilizations; that it had for its characters muco-purulent discharges, mentioned by Galen, Coclus, Aurelianus, Celsus, Aretæus, Paulus, of Ægina; inflammation of the testicles, or orchitis, induration of the testicles, and an apthous affection of these glands, and ulcers of the sexual organs, designated under the names *phagedæna*, *anthrax*, *pustule*, or *phyma*.

Ulcers and vegetation about the anus and genitals (*figus*, *mariscus*, *ulcus*), pustules on the face and scalp, various skin diseases, such as *mentagra*, *lepra*, and *psora*, are mentioned by Martial and Juvenal as the results of impure intercourse.

Inflammations of the throat, soft palate, and tonsils, malignant ulcers of the throat, are also alluded to by these writers, and by Aretæus in connection with sexual vice, being sometimes secondary (as Rosenbaum shows), and sometimes primary, the effect of an abominable practice for which we have no modern name.

It is hard at the present day to imagine as possible among sane human beings certain revolting vices which were prevalent in the later periods of the Roman Empire.

The subject of sexual perversities constitutes a curious chapter in the annals of mankind, and might properly be considered under the head of the *Insane Neuroses*; certainly such depraved natures as those of Julia, Messalina, and Agrippina must be regarded as *morbid* as well as wicked. Certainly too, such practices as those indicated by the names *fellator*, *cunnilingus*, *cinedus*, belong to the domain of mental pathology as well as that of ethics.

Rosenbaum has demonstrated the connection between these outrageous vices and the development of mucous patches of the utmost malignancy, as well as certain cutaneous diseases clearly of *syphilide* character (especially associated with that form of pollution known as pederasty), and he has pointed out in the most striking manner the numerous references in the later Roman writers to every form of venereal disease.

It is to the pages of French authors that we naturally look for a thorough examination of such unclean subjects, and both Rosenbaum and Dupouy, in raking over the obscenities of past ages, have done full justice to their task; the former in his "History of Syphilis in Antiquity," the latter in his work on the "Medicine and Manners of Ancient Rome."—*Boston Medical and Surgical Journal*.

HERNIA.—The lectures on hernia and its radical cure, delivered by Mr. John Wood as Hunterian Professor of Surgery and Pathology at the Royal College of Surgeons of England, are of more than passing interest. For many years Wood's name has always been associated with this condition, more especially with operations for radical cure. In speaking of the pathology and causes of hernia he says, that while disproportionate development in the intestines and abdominal viscera may predispose to assist in the formation of a rupture, the chief causes lie in the imperfection of the structures from delayed evolution in and about the deep hernial apertures. The anatomy of the parts is most thoroughly gone into, and will well repay for reading and re-reading. His frequent observation of the cord being situated in front of or spread over the sac is in accord with our own experience. We have seen this misplacement several times when removing the sac in operations for radical cure. The account of his operation for radical cure is most interesting; this is not the place, however, for a detailed description of it, although it is

within our knowledge that a large number of operating surgeons have but very hazy notions of the procedure. The material originally used for suturing was thread, then came the better known wire arrangement, which was to be removed eight or ten days afterward, and now he uses tendon ligature applied in the form of a buried suture and left permanently behind. His present operation appears to be very similar to several of those which have been described and claimed by various writers during the past few years. The chief causes of failure are from neglecting to secure the sides of the deep ring by not planting the suture close to its edge; the conjoined tendon or Poupart's ligament may be inefficiently trans-fixed, and lastly, adhesions which are formed when a patient is in a weak state of health may subsequently yield.

The sources of danger during the operation are always to be borne in mind, viz: puncture of intestines or of iliac or femoral vessels. The summary of cases are deserving of study. Of the reducible hernia treated with the hempen ligature, there were 17 cases with 1 death from pyemia; the "pin" operation gives 49 cases with 2 deaths (one from erysipelas, and one from peritonitis); the "wire" operation shows 273 with four deaths (one from tetanus, one from delirium tremens, and two from broncho-pneumonia), the whole giving an aggregate mortality of 2 per cent. With regard to ultimate results, out of the given cases, 339 in number, 96 are tabulated as having been satisfactory when seen two years after operation, and are therefore regarded as permanently successful; 152 have been examined at periods under two years and found satisfactory; these taken together give a percentage of 73 as successes; 59 were more or less failures. The results of the improved operation show a percentage success of 82. In 27 cases the sac was removed, and pillars sutured with tendon ligature through open wound, the operations being performed under the spray, and with other strict antiseptic precautions, of these 16 were reducible, and 1 died of broncho-pneumonia; of 11 irreducible, 1 died of broncho-pneumonia, and 1 of pneumonic congestion and bronchitis. In the aggregate a mortality of 11 per cent, much higher than by the subcutaneous method. In hernia complicated with retained testes, he thinks it is better to replace the gland in the scrotum than to excise it altogether. *Birmingham Medical Review*.

